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Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # G87584 (0)

1. Corporation Name
VITAS HEALTHCARE CORPORATION OF FLORIDA

Principal Place of Business
100 S. BISCAYNE BLVD.
SUITE 1500
MIAMI FL 33131

Mailing Address
100 S. BISCAYNE BLVD.
SUITE 1500
MIAMI FL 33131-2029



3. Date Incorporated or Qualified 01/12/1984	3a. Date of Last Report 02/23/1996
4. FEI Number 65-0160635	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent
CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office, or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	CEOP
NAME	WESTBROOK, HUGH A.
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500
CITY-ST-ZIP	MIAMI FL
TITLE	EVP
NAME	NEVIN, RICHARD I. JR
STREET ADDRESS	100 S BISCAYNE BLVD, STE 1500
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	COLLIFLOWER, ESTHER T.
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	WILLIAMS, J. RICHARD
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500
CITY-ST-ZIP	MIAMI FL
TITLE	VTAS
NAME	OHLENDORF, MARK
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	STERLING, MARK A.
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	AS
1.2 NAME	Kathryn A. Christmann
1.3 STREET ADDRESS	100 S. Biscayne Boulevard, Suite 1500
1.4 CITY-ST-ZIP	Miami, FL 33131
2.1 TITLE	AS
2.2 NAME	Peter H. Harris
2.3 STREET ADDRESS	100 S. Biscayne Boulevard, Suite 1500
2.4 CITY-ST-ZIP	Miami, FL 33131
3.1 TITLE	Senior VP
3.2 NAME	Thomas F. Combs
3.3 STREET ADDRESS	100 S. Biscayne Boulevard, Suite 1500
3.4 CITY-ST-ZIP	Miami, FL 33131
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)