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REFERENCE : 121375 4816118

AUTHORIZATION : Patricia Piguts

COST LIMIT : \$ 125.00

ORDER DATE : April 19, 2001

ORDER TIME : 8:49 AM

ORDER NO. : 121375-020

CUSTOMER NO: 4816118

Nathan Saunders, Esq
Hogan & Hartson L.l.p.
555 13th Street Nw
Columbia Square Building
Washington, DC 20004-1109

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2001 APR 23 AM 10:20
NO NOTIFICATION
TO AGENCY OF FILING
SUFFICIENCY

FOREIGN FILINGS

NAME: VITAS HOSPICE SERVICES LLC

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sandra Mathis -- EXT# 1165

EXAMINER:

JP
42301

01 APR 23 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
AND FILED

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

- 1. Vitas Hospice Services, L.L.C.
(Name of foreign limited liability company)
- 2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
- 3. application pending
(FEI number, if applicable)
- 4. April 18, 2001
(Date of Organization)
- 5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
- 6. upon filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
- 7. 100 S. Biscayne Blvd., Suite 1500, Miami, Florida 33131
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here

- 9. The name and usual business addresses of the managing members or managers are as follows:
Vitas Healthcare Corporation, 100 S. Biscayne Blvd., Suite 1500, Miami, Florida 33131

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: to engage in any lawful business, purpose or activity for which limited liability companies may be formed in the state of Florida.

Hugh Westbrook
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)
Hugh Westbrook, Chairman, CEO & President of Vitas Healthcare Corporation, sole member of Vitas Hospice Services, L.L.C.
Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 23 AM 10:28

APPROVED AND FILED

FILE No.407 04/18 '01 15:00 ID:CSC

THROUWELL

Apr-18-01 12:27pm From:H & K D.C. Office 104-108

T-567 P.002/002 F-611

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Vitas Hospice Services, L.L.C.

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company
(Name)

1201 Nays Street
Florida street address (P.O. Box NOT ACCEPTABLE)

Tallahassee FL 32301
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 APR 23 AM 10:20

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AND
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Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


BRIAN COURTNEY, ASST. VP.

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

State of Delaware
Office of the Secretary of State

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I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "VITAS HOSPICE SERVICES, L.L.C." IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF APRIL, A.D. 2001.

01 APR 23 AM 10: 21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

3382033 8300

AUTHENTICATION: 1089822

010190223

DATE: 04-19-01