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FILED

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 # F96000002834 (7)

1. Corporation Name
VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA

Principal Place of Business
100 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131

Mailing Address
100 SOUTH BISCAYNE BOULEVARD
MIAMI FL 33131-2011



3. Date Incorporated or Qualified 06/06/1996
3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0668678

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

10. Name and Address of New Registered Agent

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

Signature type of the printed name of registered agent and true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

CCEO

NAME

WESTBROOK, HUGH A

STREET ADDRESS

100 SOUTH BISCAYNE BOULEVARD

CITY - ST - ZIP

MIAMI FL 33131

TITLE

D

☒ DELETE

NAME

COLLIFLOWER, ESTHER I

STREET ADDRESS

100 SOUTH BISCAYNE BOULEVARD

CITY - ST - ZIP

MIAMI FL 33131

TITLE

D

☐ DELETE

NAME

WILLIAMS, J R MD

STREET ADDRESS

100 SOUTH BISCAYNE BOULEVARD

CITY - ST - ZIP

MIAMI FL 33131

TITLE

V

☒ DELETE

NAME

NEVIN, RICHARD I JR

STREET ADDRESS

100 SOUTH BISCAYNE BOULEVARD

CITY - ST - ZIP

MIAMI FL 33131

TITLE

V

☐ DELETE

NAME

COMBS, THOMAS E

STREET ADDRESS

100 SOUTH BISCAYNE BOULEVARD

CITY - ST - ZIP

MIAMI FL 33131

TITLE

V

☒ DELETE

NAME

CARRAHER, MARY LOU

STREET ADDRESS

100 SOUTH BISCAYNE BOULEVARD

CITY - ST - ZIP

MIAMI FL 33131

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☒ Addition

1.1 TITLE

SVP/S

1.2 NAME

Mark A. Sterling

1.3 STREET ADDRESS

100 S. Biscayne Boulevard, Suite 1500

1.4 CITY - ST - ZIP

Miami, Florida 33131

2.1 TITLE

VP/T/AS

☐ Change ☒ Addition

2.2 NAME

Mark Ohleniorf

2.3 STREET ADDRESS

100 S. Biscayne Boulevard, Suite 1500

2.4 CITY - ST - ZIP

Miami, Florida 33131

3.1 TITLE

AS

☐ Change ☒ Addition

3.2 NAME

Kathryn A. Christmann

3.3 STREET ADDRESS

100 S. Biscayne Boulevard, Suite 1500

3.4 CITY - ST - ZIP

Miami, Florida 33131

4.1 TITLE

AS

☐ Change ☒ Addition

4.2 NAME

Peter H. Harris

4.3 STREET ADDRESS

100 S. Biscayne Boulevard, Suite 1500

4.4 CITY - ST - ZIP

Miami, Florida 33131

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)