

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		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 <b>100 S. BISCAYNE BLVD. SUITE 1500 MIAMI FL 33131</b>	Mailing Address <b>100 S. BISCAYNE BLVD. SUITE 1500 MIAMI FL 33131</b>
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>01/12/1984</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number <b>65-0160635</b> Applied For Not Applicable	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WESTBROOK, HUGH A.	1.2 NAME	<b>SEE ATTACHED</b>
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	
NAME	CHRISTMANN, KATHRYN A.	2.2 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1500	2.3 STREET ADDRESS	<b>SEE ATTACHED</b>
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	HARRIS, PETER H.	3.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE 1500	3.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	<b>SEE ATTACHED</b>
TITLE	D	4.1 TITLE	
NAME	WILLIAMS, J. RICHARD	4.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VTAS	5.1 TITLE	<b>SEE ATTACHED</b>
NAME	OHLENDORF, MARK	5.2 NAME	
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STERLING, MARK A.	6.2 NAME	<b>SEE ATTACHED</b>
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	
TITLE			

14. I 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: *Thomas E. [Signature]*

4/29/98

CR2E034 (10/97)

**VITAS HEALTHCARE CORPORATION OF FLORIDA**

**Officers**

**Hugh A. Westbrook**  
Chairman of the Board; President; Chief Executive Officer  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**Thomas E. Combs**  
Senior Vice President  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**Deirdre Lawe**  
Senior Vice President  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**David A. Wester**  
Vice President; Treasurer; Assistant Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**Peter H. Harris**  
Vice President; Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

**VITAS HEALTHCARE CORPORATION OF FLORIDA**

**Board of Directors**

**Hugh A. Westbrook, Chairman**  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

**J.R. Williams, M.D.**  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

**Thomas E. Combs**  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131