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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9600002834

1. Corporation Name

VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA

·	
Principal Place of Business	Mailing Address
100 SOUTH BISCAYNE BOULEVARD	100 SOUTH BISCAYNE BOULEV
MIAMI EL 20101	ABAM EL 22121

Mar 23, 1999 8:00 am Secretary of State

03-23-1999 90045 023 ***158.75

,,,,,,						
Principal Place of Business Mailing Address			1 1881/80 sirth 18418 Still Ballin beitt entit berite greet rate entit and seen			
100 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131 100 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131						
			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed
	•					06/06/1996
2 Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21	, 200 0, 202000	26				65-0668678 Not Applicable
	Suite, Apt. #, etc. Suite, Apt. #, etc.		\$8.75 Additional			
22	27			Fee Required		
	- City & State - City & State		-	6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	Zip Country			8. This corporation owes the current year Intangible	
24	25		30		_	Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent			M	10. Name and Address of New Registered Agent
000	DODATION CEDITOE COMORNY			81	Name	
	PORATION SERVICE COMPANY			82	Street A	Address (P.O. Box Number is Not Acceptable)
	HAYS STREET					
IALL	AHASSEE FL 32301-2525			83		
-				84	City	85 Zip Code
					L	FL 10 25 5000
office or r	edistored agent or both in the State of	t Florida. Such change was au	ithonzei	עמים	the corpor	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Stat	utes		
SIGNATURE						equired when reinstating) OATE
	Signature, typed or printed name of registered agent			Agen	it signature req	equired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	OFFICERS AND	DELETE	13.	TI E		Change Addition
TITLE	CCEO		1.2 N		}	,
NAME	WESTBROOK, HUGH A	ADD			ADDRESS	SEE ATTACHED
STREET ADDRESS	100 SOUTH BISCAYNE BOULE	MNU	4	ITY-S'		
CITY-ST-ZIP	MIAMI FL 33131	☐ DELETE	211		1-211	☐ Change ☐ Addition
TITLE	SVPS		2.2 N		1	
NAME	STERLING, MARK A.	: 4500			TADDRESS	
STREET ADDRESS	100 S. BISCAYNE BLVD., SUITE	. 1900			T-ZIP	
CITY_ST-ZIP	MIAMI FL	DELETE	3.1 T			Change Addition
TITLE	D Williams, J.R.MD		3.2 N		-	
NAME STREET ADDRESS	100 SOUTH BISCAYNE BOULE	/ARN			F ADDRESS	
	MIAMI FL 33131	יחוע		ITY-S		·
CITY-\$T-ZIP TITLE	VPTA	☐ DELETE	4.1 T	_		☐ Change ☐ Addition
NAME	OHLENLORF, MARK		4.21			
STREET ADDRESS		: 1500			TADORESS .	
CITY-ST-ZIP	MIAMI FL		1	ITY-S	1	
TITLE	V	☐ DELETE	_	5.1 TITLE		☐ Change ☐ Addition
NAME	COMBS, THOMAS E		5.2 N	5.2 NAME		
STREET ADDRESS		/ARD	5.3 S	TREE	TADDRESS	·
CITY-ST-ZIP	MIAMI FL 33131	11 W 10	5.4 C	5.4 CITY-ST-ZIP		
TITLE	AS	☐ DELETE	6.1 T	6.1 TITLE		☐ Change ☐ Addition
NAME	CHRISTMANN, KATHRYN A.		6.2 N	AME		
STREET ADDRESS		: 1500	6.3 S	TREE	TADORESS	
OTTLE I ADDITION	AMAM EI	, 1444	6.4 C	ITY-5	T-ZIP	

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 topporetion 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 attress, yith all other like empowered.

SIGNATURE:

ALO LON DW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 305-374-4143

Daytime Phone #

254346-90015-2 F960000002834

VITAS HEALTHCARE CORPORATION OF CENTRAL 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

Esther Colliflower 100 South Biscayne Boulevard, Fifteenth Floor Miami, Florida 33131

254346-900453 F96000002834

VITAS HEALTHCARE CORPORATION OF CENTRAL 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

Robert D. Clark Vice President, General Counsel, Secretary 100 South Biscayne Boulevard, Suite 1500 Miami, Florida 33131