

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **G87584**

1. Entity Name

VITAS HEALTHCARE CORPORATION OF FLORIDA

FILED
May 07, 2001 8:00 am
Secretary of State

05-07-2001 90028 004 ***158.75

Principal Place of Business

**100 S. BISCAYNE BLVD.
SUITE 1500
MIAMI FL 33131**

Attn: Legal Dept.

Mailing Address

**100 S. BISCAYNE BLVD.
SUITE 1500
MIAMI FL 33131**

Attn: Legal Dept.

00040447



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0160635**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **SVPF**
NAME **PETTIT, PEGGY**
STREET ADDRESS **100 S. BISCAYNE BOULEVARD, SUITE 1500**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE **President, Chairman, CEO**
NAME **Hugh A. Westbrook**
STREET ADDRESS **100 S. Biscayne Blvd., Suite 1500**
CITY-ST-ZIP **Miami, FL 33131**

☐ Change ☒ Addition

TITLE **CHO**
NAME **LAW, DEIRDRE**
STREET ADDRESS **100 S. BISCAYNE BLVD., SUITE 1500**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE **Vice President, General Secretary**
NAME **Barbara del Castillo**
STREET ADDRESS **100 S. Biscayne Blvd., suite 1500**
CITY-ST-ZIP **Miami, FL 33131**

☐ Change ☒ Addition

TITLE **CFSV**
NAME **WESTER, DAVID A**
STREET ADDRESS **100 S. BISCAYNE BLVD., SUITE 1500**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE **Executive V. President, & Chief Patient Care Officer**
NAME **J.R. Williams, M.D.**
STREET ADDRESS **100 S. Biscayne Blvd., Suite 1500**
CITY-ST-ZIP **Miami, FL 33131**

☐ Change ☒ Addition

TITLE **VPGC**
NAME **CLARK, ROBERT D**
STREET ADDRESS **100 S. BISCAYNE BOULEVARD, SUITE 1500**
CITY-ST-ZIP **MIAMI FL**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE **C**
NAME **COLLIFLOWER, ESTHER**
STREET ADDRESS **100 S. BISCAYNE BOULEVARD, SUITE 1500**
CITY-ST-ZIP **MIAMI FL**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Barbara del Castillo*

Barbara del Castillo

4/30/01

305-350-6921

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)