

2001 UNIFORM BUSINESS REPORT (UBR)

0003768 AF

DOCUMENT # **B98000000603**

1. Entity Name

VITAS HEALTHCARE OF TEXAS, L.P.

FILED

01 MAY -1 PM 5: 26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



MLH

DO NOT WRITE IN THIS SPACE

Principal Place of Business
100 SOUTH BISCAYNE BOULEVARD, SUITE 1500
MIAMI FL 33131

Mailing Address
100 SOUTH BISCAYNE BLVD., STE. 1500
ATTN: LEGAL DEPT.
MIAMI FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0866305**

Applied For
Not Applicable

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 32301-2525

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.

(NOT) Registered Agent signature required when reinstating)

DATE

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **P00571**
NAME **VITAS HEALTHCARE CORPORATION**
STREET ADDRESS **100 SOUTH BISCAYNE BLVD., SUITE 1500**
CITY-ST-ZIP **MIAMI FL 33181**

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
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STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: *Barbara del Castillo*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

04/30/01

Date

(305) 350-6921

Daytime Phone #

CR2E003 (11/00)