

2002 UNIFORM BUSINESS REPORT (UBR)

0001040 AV

DOCUMENT # B98000000603

1. Entity Name

VITAS HEALTHCARE OF TEXAS, L.P.

FILED

02 JAN 30 PM 12:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

DUE BY MAY 1, 2002

City & State

City & State

4. FEI Number 65-0866305

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 32301-2525

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.

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 # M01000000889
NAME VITAS HOSPICE SERVICES, L.L.C.
STREET ADDRESS 100 SOUTH BISCAYNE BLVD., SUITE 1500
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS
CITY-ST-ZIP

DOCUMENT #
NAME
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: *Sanbaria del Castillo* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

1/25/02 (305) 350-6921

Date

Daytime Phone #

CR2E003 (9/01)