


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90421 032 ***158.75

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|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| DOCUMENT # P00571 1. Entity Name VITAS HEALTHCARE CORPORATION | | | |  | |
| Principal Place of Business ATTN: LEGAL DEPARTMENT 100 SOUTH BISCAYNE BLVD, STE 1500 MIAMI, FL 33131 US | | | Mailing Address ATTN: LEGAL DEPARTMENT 100 SOUTH BISCAYNE BLVD, STE 1500 MIAMI, FL 33131 US | | |
| 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 59-2318357 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CCEO WESTBROOK, HUGH A 100 S BISCAYNE BLVD, STE 1500 MIAMI, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | EVP LAW, DIERDRE 100 S BISCAYNE BLVD, STE 1500 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GAETZ, DONALD 24 BLUEWATER POINT NICEVILLE, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPCS DE CASTILLO, BARBARA 100 S BISCAYNE BLVD, STE 1500 MIAMI, FL 33131 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VC COLLIFLOWER, ESTHER 100 S. BISCAYNE BLVD. 15TH FLOOR MIAMI, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCPC WILLIAMS, J.R. M.D. 100 S.BISCAYNE BLVD. 15TH FLOOR MIAMI, FL | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | See Attachment | | | | |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u>Barbara del Castillo</u> Barbara del Castillo <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | | |
| Date | | | | 305-350-6921 <small>Daytime Phone #</small> | |



02022004 Chg-P CR2E034 (10/03)

Attachment #P00571

VITAS HEALTHCARE CORPORATION

Board of Directors

Timothy S. O'Toole, President
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131

Kevin J. McNamara
2600 Chemed Center
255 E. Fifth Street
Cincinnati, Ohio 45202-4726

Thomas J. Reilley
2600 Chemed Center
255 E. Fifth Street
Cincinnati, Ohio 45202-4726

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VITAS HEALTHCARE CORPORATION

Officers

Timothy S. O'Toole, President
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131

Deirdre Lawe, Executive Vice President,
Strategic Development Services
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131

David A. Wester, Executive Vice President, Corporate Services;
Chief Financial Officer; Treasurer & Assistant Secretary
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131

Peggy Pettit, Executive Vice President - Hospice Operations;
Chief of Hospice Operations
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131

Thomas Koutsoumpas, Executive Vice President, Public Affairs
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131

Barbara del Castillo, Senior Vice President,
General Counsel, & Secretary
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131

Robin Johnson, Vice President and Controller
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131