
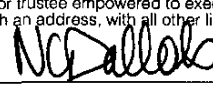


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2005 8:00 am
Secretary of State

04-26-2005 90153 016 ***150.00

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 255 East 5th Street			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2600-Barbara S. Gugel			
City & State		City & State Cincinnati, OH 45202		4. FEI Number 59-2318357	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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	CEO O'TOOLE, TIMOTHY S 100 SOUTH BISCAYNE BLVD, STE. 1500 MIAMI, FL 33131 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition See attached for complete list	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, KEVIN J 2600 CEMED CENTER, 255 E FIFTH ST. CINCINNATI, OH 452024726 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCS DE CASTILLO, BARBARA 100 S BISCAYNE BLVD, STE 1500 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REILLY, THOMAS J 2600 CEMED CENTER, 255 E FIFTH ST. CINCINNATI, OH 452024726 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EXEV LAW, DEIRDRE 100 S BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: X  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Naomi C. Dallob Sr. VP & General Counsel Date 4/21/2005 Daytime Phone #		

ATTACHMENT
VITAS HEALTHCARE CORPORATION # P00571

40067185

OFFICERS

Chief Executive Officer
President, CFO & Assist Secretary
Executive VP & Chief Operating Officer
Executive VP-Development & Public Affairs
Sr. VP & General Counsel
Vice President-Finance

Timothy S. O'Toole
David A. Wester
Peggy Pettit
Dierdre Lawe
Naomi C. Dallob
Bert Tracey

DIRECTORS

Timothy S. O'Toole
Kevin J. McNamara, Chairman
Thomas J. Reilly

ATTACHMENT
VITAS HEALTHCARE CORPORATION

40067185
P00571

TITLE

NAME

SOCIAL SECURITY NO.

HOME ADDRESS

BUSINESS ADDRESS

Chief Executive Officer, Director

Timothy S. O'Toole

SS# 406-64-8148

177 Ocean Lane Drive

Key Biscayne, Florida 33149

100 South Biscayne Blvd, Ste 1500

Miami, Florida 33131

Chairman & Director

Kevin J. McNamara

SS# 283-56-9317

949 Edwards Road

Cincinnati, Ohio 45208

Chemed Corporation

255 East 5th Street

Suite 2600

Cincinnati, Ohio 45202

President

David A. Wester

SS# 391-52-6870

4244 Chase Avenue

Miami Beach, Florida 33140

100 South Biscayne Blvd, Ste 1500

Miami, Florida 33131

Exec VP & COO

Peggy Pettit

SS# 321-40-6069

13370 Biscayne Bay Terrace

North Miami Beach, Florida 33181

100 South Biscayne Blvd, Ste 1500

Miami, Florida 33131

Exec VP-Dev of Public Affairs

Dierdre Lawe

SS# 075-46-0837

4950 Thoroughbred Lane

Ft. Lauderdale, Florida 33330

100 South Biscayne Blvd, Ste 1500

Miami, Florida 33131

Sr. VP & General Counsel

Naomi C. Dallob

SS# 280-56-1590

1060 Barry Lane

Cincinnati, Ohio 45229

Chemed Corporation

255 East 5th Street

Suite 2600

Cincinnati, Ohio 45202

Vice President-Finance

Bert Tracey

SS#

200 South Biscayne Blvd, Ste 1500

Miami, Florida 33131

Director

Thomas J. Reilly

SS# 283-60-0823

2294 Bruns Lane

Cincinnati, Ohio 45244

Chemed Corporation

255 East 5th Street

Suite 2600

Cincinnati, Ohio 45202