



2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-26-2005 90153 020 ***150.00

DOCUMENT # G87584 1. Entity Name VITAS HEALTHCARE CORPORATION OF FLORIDA					
Principal Place of Business 100 S. BISCAYNE BLVD. SUITE 1500 ATTN: LEGAL DEPT. MIAMI, FL 33131			Mailing Address 100 S. BISCAYNE BLVD. SUITE 1500 ATTN: LEGAL DEPT. MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 255 East 5th Street Suite, Apt. #, etc. Suite 2600-Barbara S. Gugel			
City & State Zip Country		City & State Cincinnati, OH 45202 Zip Country		4. FEI Number 65-0160635	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1200 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	SVP EVP <input type="checkbox"/> Delete PETTIT, PEGGY 100 S. BISCAYNE BOULEVARD, SUITE 1500 MIAMI, FL		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	GHO EVP <input type="checkbox"/> Delete LAWRE, DEIRDRE 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFSV Pres <input type="checkbox"/> Delete WESTER, DAVID A 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI, FL		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VGCS <input checked="" type="checkbox"/> Delete DEL CASTILLO, BARBARA 100 S BISCAYNE BLVD. SUITE 1500 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CEO <input type="checkbox"/> Delete OTOOLE, TIMOTHY S 100 S BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete MCMAMARA, KEVIN J 2600 CHEMED CENTER, 255 E FIFTH ST. CINCINNATI, OH 45204726		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: 			Naomi C. Dallob SVP & General Counsel Date 4/21/2005		

ATTACHMENT
VITAS HEALTHCARE CORPORATION OF FLORIDA

40067181
G87584

OFFICERS

Chief Executive Officer
President
Executive VP & Chief Operating Officer
Executive VP-Development & Public Affairs
Sr. VP & General Counsel

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

DIRECTORS

Timothy S. O'Toole
Kevin J. McNamara
Dierdre Lawe
Peggy Pettit

ATTACHMENT
VITAS HEALTHCARE CORPORATION OF FLORIDA

40067181
#687584

TITLE

NAME

SOCIAL SECURITY NO.

HOME ADDRESS

BUSINESS ADDRESS

Chief Executive Officer, Director

Timothy S. O'Toole

177 Ocean Lane Drive
Key Biscayne, Florida 33149

100 South Biscayne Blvd, Ste 1500
Miami, Florida 33131

Chairman & Director

Kevin J. McNamara

949 Edwards Road
Cincinnati, Ohio 45208

Chemed Corporation
255 East 5th Street
Suite 2600
Cincinnati, Ohio 45202

President

David A. Wester

4244 Chase Avenue
Miami Beach, Florida 33140

100 South Biscayne Blvd, Ste 1500
Miami, Florida 33131

Exec VP & COO, Director

Peggy Pettit

13370 Biscayne Bay Terrace
North Miami Beach, Florida 33181

100 South Biscayne Blvd, Ste 1500
Miami, Florida 33131

Exec VP-Dev of Public Affairs, Director

Dierdre Lawe

4950 Thoroughbred Lane
Ft. Lauderdale, Florida 33330

100 South Biscayne Blvd, Ste 1500
Miami, Florida 33131

Sr. VP & General Counsel

Naomi C. Dallob

1060 Barry Lane
Cincinnati, Ohio 45229

Chemed Corporation
255 East 5th Street
Suite 2600
Cincinnati, Ohio 45202