### 2006 FOR PROFIT CORPORATION **ANNUAL REPORT**

#### Apr 06, 2006 8:00 am Secretary of State DOCUMENT # P00571 04-06-2006 90009 038 \*\*\*150 00 VITAS HEALTHCARE CORPORATION Principal Place of Business Mailing Address 400tana. ATTN: LEGAL DEPARTMENT 255 E 5TH ST STE 2600 BARBARA S GUGEL 100 SOUTH BISCAYNE BLVD, STE 1500 CINCINNATI, OH 45202 US MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03292006 CR2E034 (11/05) Chg-P City & State City & State 4. FEI Number Applied For 59-2318357 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 City 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CEO TITLE Delete TITLE ☐ Addition O'TOOLE, TIMOTHY S Timothy S. O'Toole NAME NAME 100 S Biscayne Blvd, Ste 1500 Miami, FL 33131 100 SOUTH BISCAYNE BLVD, STE. 1500 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP FVP Pres, CFO David A. Wester ☐ Delete TITLE TITLE ☐ Change Addition LAWE, DIERDRE NAME NAME 100 S Biscayne Blvd, Ste 1500 Miami,§FL 33131 STREET ADDRESS 100 S BISCAYNE BLVD, STE 1500 STREET ADDRESS MIAMI, FL 33131 CITY-ST-7IP CITY-ST-ZIP SR VP & Gen Counsel Naomi C. Dallob 255 Ea5th Street, Ste 2600 Cincinnati, Ohio 45202 D - Chairman TITLE ☐ Delete TITLE ☐ Change X Addition NAME MCNAMARA, KEVIN J NAME 2600 CHEMED CENTER, 255 E FIFTH ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 452024726 CITY-ST-ZIP TITLE Delete TITLE VP-Finance XI Change ☐ Addition Bert Tracey 100 S Biscayne Blvd, Ste 1500 BERT, TRACEY NAME NAME STREET ADDRESS 200 BISCAYNE BLVD STE 150 STREET ADDRESS Miami, FL 33131 CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-7IP TITLE Delete TITLE Change ☐ Addition REILLY, THOMAS J NAME NAME STREET ADDRESS 2600 CHEMED CENTER, 255 E FIFTH ST. STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 452024726 CITY-ST-ZIP

FILED

☐ Change

☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:	X VUXUUX	Naomi C. Dallob-Sr.	VP & General Counsel	3/29/2006
	SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #

Delete
 De

THOMAS, RIELLY

255 E 5TH ST STE 2600

CINCINNATI, OH 45202

NAME

STREET ADDRESS

CITY-ST-ZIP

# **ATTACHMENT**

**VITAS HEALTHCARE CORPORATION** 

### **OFFICERS**

Chief Executive Officer
President, CFO & Assist Secretary
Executive VP & Chief Operating Officer
Executive VP-Development & Public Affiars
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