2006 FOR PROFIT CORPORATION

Apr 06, 2006 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # G87584 04-06-2006 90021 024 ***150.00 1. Entity Name VITAS HEALTHCARE CORPORATION OF FLORIDA Principal Place of Business Mailing Address 100 S. BISCAYNE BLVD. 50009453 255 EAST 5TH STREET SUITE 1500 ATTN: LEGAL DEPT. SUITE 2600-BARBARA S. GUGEL MIAMI, FL 33131 CINCINNATI, OH 45202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03282006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 65-0160635 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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) 1200 HAYS STREET TALLAHASSEE, FL 32301 City Zip Code FL 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 regulred when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. EVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETTIT, PEGGY NAME NAME STREET ADDRESS 100 S. BISCAYNE BOULEVARD, SUITE 1500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-7IP EVP TITLE ☐ Delete TITLE Change ☐ Addition LAWE, DEIRDRE NAME NAME STREET ADDRESS 100 S. BISCAYNE BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition WESTER, DAVID A NAME NAME STREET ADDRESS 100 S. BISCAYNE BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP TITLE SVGC ☐ Delete Sec & Gen Counsel TITLE ☐ Change Addition DALLOB, NAOMI NAME NAME STREET ADDRESS CHEMED CORP 255 EAST 5TH ST, SUITE 2600 STREET ADDRESS CITY-ST-ZIP CINCINNATI, OH 45202 CITY-ST-ZIP TITLE CEO ☐ Detete ☐ Change ☐ Addition O'TOOLE, TIMOTHY S

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.

NAME

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY - ST - ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

100 S BISCAYNE BLVD., STE. 1500

2600 CHEMED CENTER, 255 E FIFTH ST.

MIAMI, FL 33131

MCNAMARA, KEVIN J

CINCINNATI, OH 452024726

Naomi C. Dallob-Secretary & General Counsel

☐ Change

☐ Addition

FILED

VITAS HEALTHCARE CORPORATION OF FLORIDA

OFFICERS

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