2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 APR -7 AM 9: 16

DOCUMENT # B98000000603

1. Entity Name
VITAS HEALTHCARE OF TEXAS, L.P.

03282006 Chg-LP CR2E003 (11/05)

Principal Place of Business	Mailing Address
100 SOUTH BISCAYNE BOULEVARD, SUITE 1500 MIAMI, FL 33131	100 SOUTH BISCAYNE BLVD., SUITE 1500 ATTN: LEGAL DEPT. MIAMI, FL 33131

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, Ohio 45202
Zip / Country	Zip / Country

4. FEI Number: 65-0866305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS $500.00
After May 1, 2006, Fee will be $900.00

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M01000000889	STREET ADDRESS	
NAME	VITAS HOSPICE SERVICES, L.L.C.		
STREET ADDRESS	100 SOUTH BISCAYNE BLVD., SUITE 1500	CITY-ST-ZIP	
CITY-ST-ZIP	MIAMI, FL 33131		
DOCUMENT #		STREET ADDRESS	100072413171
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CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: X [signature] Naomi C. Dallob-Sr VP & General Counsel 3/29/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

VITAS HEALTHCARE OF TEXAS, L.P.

OFFICERS

Chief Executive Officer	Timothy S. O'Toole
President	David A. Wester
Executive VP & Chief Operating Officer	Peggy Pettit
Executive VP-Development & Public Affiars	Dierdre Lawe
Sr. VP & General Counsel	Naomi C. Dallob

DIRECTORS

Timothy S. O'Toole
Kevin J. McNamara

3/28/2006