

2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

DOCUMENT # B98000000603		
1. Entity Name VITAS HEALTHCARE OF TEXAS, L.P.		

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:16

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

	
03282006 Chg-LP	CR2E003 (11/05)
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

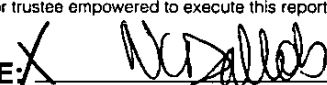
A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

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