2009 LIMITED PARTNERSHIP ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# B98000000603

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

Current Principal Place of Business:

100 SOUTH BISCAYNE BOULEVARD, SUITE 1500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

255 EAST 5TH STREET
SUITE 2600-BARBARA S GUEGEL
CINCINNATI, FL 45202

New Mailing Address:

255 EAST 5TH STREET
SUITE 2600-BARBARA S GUEGEL
CINCINNATI, OH 45202

FEI Number: 65-0866305 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

GENERAL PARTNER INFORMATION:

ADDRESS CHANGES ONLY:

Document #:	M01000000889	
Name:	VITAS HOSPICE SERVICES, L.L.C.	
Address:	100 SOUTH BISCAYNE BLVD, SUITE 1500	Address:
City-St-Zip:	MIAMI, FL 33131	City-St-Zip:
Document #:		
Name:	O'TOOLE, TIMOTHY S	
Address:	100 SOUTH BISCAYNE BLVD, SUITE 1500	Address:
City-St-Zip:	MIAMI, FL 33131	City-St-Zip:
Document #:		
Name:	WESTER, DAVID A	
Address:	100 SOUTH BISCAYNE BLVD, SUITE 1500	Address:
City-St-Zip:	MIAMI, FL 33131	City-St-Zip:
Document #:		
Name:	PETTIT, PEGGY	
Address:	100 SOUTH BISCAYNE BLVD, SUITE 1500	Address:
City-St-Zip:	MIAMI, FL 33131	City-St-Zip:
Document #:		
Name:	LAWE, DIERDRE	
Address:	100 SOUTH BISCAYNE BLVD, SUITE 1500	Address:
City-St-Zip:	MIAMI, FL 33131	City-St-Zip:
Document #:		
Name:	DALLOB, NAOMI C	
Address:	100 SOUTH BISCAYNE BLVD, SUITE 1500	Address:
City-St-Zip:	MIAMI, FL 33131	City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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 SGC 04/10/2009

Electronic Signature of Signing General Partner — Date