2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# G87584

Entity Name: VITAS HEALTHCARE CORPORATION OF FLORIDA

Current Principal Place of Business:

100 S. BISCAYNE BLVD.
SUITE 1500 ATTN: LEGAL DEPT.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0160635 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1200 HAYS STREET
TALLAHASSEE, FL 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	EVP	( ) Delete
Name:	PETTIT, PEGGY	
Address:	100 S. BISCAYNE BOULEVARD, SUITE 1500	
City-St-Zip:	MIAMI, FL	
Title:	EVP	( ) Delete
Name:	LAWE, DEIRDRE	
Address:	100 S. BISCAYNE BLVD., SUITE 1500	
City-St-Zip:	MIAMI, FL	
Title:	P	( ) Delete
Name:	WESTER, DAVID A	
Address:	100 S. BISCAYNE BLVD., SUITE 1500	
City-St-Zip:	MIAMI, FL	
Title:	SGC	( ) Delete
Name:	DALLOB, NAOMI	
Address:	CHEMED CORP 255 EAST 5TH ST, SUITE 2600	
City-St-Zip:	CINCINNATI, OH 45202	
Title:	CEO	( ) Delete
Name:	O'TOOLE, TIMOTHY S	
Address:	100 S BISCAYNE BLVD., STE. 1500	
City-St-Zip:	MIAMI, FL 33131	
Title:	D	( ) Delete
Name:	MCNAMARA, KEVIN J	
Address:	2600 CHEMED CENTER, 255 E FIFTH ST.	
City-St-Zip:	CINCINNATI, OH 452024726	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAOMI C. DALLOB SGC 04/10/2009

Electronic Signature of Signing Officer or Director Date