

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 03, 2003 8:00 am**  
**Secretary of State**

03-03-2003 90426 039 \*\*\*158.75

**DOCUMENT # P00571**

1. Entity Name  
**VITAS HEALTHCARE CORPORATION**



Principal Place of Business  
**ATTN: LEGAL DEPARTMENT**  
**100 SOUTH BISCAYNE BLVD. STE 1500**  
**MIAMI FL 33131**  
**US**

Mailing Address  
**ATTN: LEGAL DEPARTMENT**  
**100 SOUTH BISCAYNE BLVD. STE 1500**  
**MIAMI FL 33131**  
**US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2318357**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

**\$8.75** Additional  
Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY**  
**1201 HAYS STREET**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing ☐ **\$5.00** May Be  
Trust Fund Contribution. Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO</b> <b>WESTBROOK, HUGH A</b> <b>100 S BISCAYNE BLVD, STE 1500</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHO</b> <b>LAW, DIERDRE</b> <b>100 S BISCAYNE BLVD, STE 1500</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GOETZ, DONALD</b> <b>24 BLUEWATER POINT</b> <b>NICEVILLE FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPCS</b> <b>DE CASTILLO, BARBARA</b> <b>100 S BISCAYNE BLVD, STE 1500</b> <b>MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC</b> <b>COLLIFLOWER, ESTHER</b> <b>100 S. BISCAYNE BLVD. 15TH FLOOR</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WILLIAMS, M.D., J.R.</b> <b>100 S.BISCAYNE BLVD. 15TH FLOOR</b> <b>MIAMI FL</b>	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

*See Attachments*

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

**SIGNATURE:** *[Signature]* **REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*05/03*

Date

*305.350.6921*

Daytime Phone #

0219616 AV

CR2E034 (10/02)

Attachment

VITAS HEALTHCARE CORPORATION

Board of Directors

86643412

P00571

Hugh A. Westbrook  
Chairman of the Board & Chief Executive Officer  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

Esther Colliflower, Vice Chairperson  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

J.R. Williams, M.D.  
Vice Chairman & Chief Patient Care Officer  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

David A. Wester, Executive Vice President -  
Corporate Services, Chief Financial Officer,  
Treasurer & Assistant Secretary  
100 South Biscayne Boulevard, Fifteenth Floor  
Miami, Florida 33131

Donald Gaetz  
24 Bluewater Point  
Niceville, Florida 32578

Timothy O'Toole  
Chemed Corporation  
2600 Chemed Center  
255 East Fifth Street  
Cincinnati, Ohio 45202

Harold G. Wallace, Sr.  
2601 Cammie Street  
Durham, NC 27705

Margaret H. Jordan  
Texas Health Resources  
611 Ryan Plaza Drive, 9<sup>th</sup> Floor  
Arlington, TX 76011

Attachment

80043412

P00571

VITAS HEALTHCARE CORPORATION

Officers

Hugh A. Westbrook  
Chairman of the Board & Chief Executive Officer  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

J.R. Williams, M.D.  
Vice Chairman & Chief Patient Care Officer  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

~~Esther Colliflower, Vice Chairperson~~  
~~100 South Biscayne Boulevard, Fifteenth Floor~~  
~~Miami, Florida 33131~~

Deirdre Lawe  
Executive Vice President – Strategic Development Services  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

David A. Wester  
Executive Vice President - Corporate Services, Chief Financial Officer,  
Treasurer & Assistant Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Peggy Pettit  
Executive Vice President – Chief of Hospice Operations  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Thomas Koutsoumpas  
Vice President – Public Affairs  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Barbara del Castillo  
Vice President, General Counsel, & Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Robin Johnson  
Vice President and Controller  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131