2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G87584

Entity Name: VITAS HEALTHCARE CORPORATION OF FLORIDA

FILED
Apr 22, 2020
Secretary of State
1074661310CC

Current Principal Place of Business:

201 S. BISCAYNE BLVD.

STE. 400

MIAMI, FL 33131

Current Mailing Address:

255 E. FIFTH ST.

STE 1050

CINCINNATI, OH 45202 US

FEI Number: 65-0160635 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US

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

Officer/Director Detail:

Title AT Title VP

Name MANGINE, ROBERT E JR. Name WILLIAMS, DAVID P

Address 255 E FIFTH STREET Address 255 E. FIFTH ST, SUITE 2600

SUITE 2600 City-State-Zip: CINCINNATI OH 45202

City-State-Zip: CINCINNATI OH 45202

Title SGC

Name DALLOB, NAOMI
Name KREGER, JEFFREY M

Address 201 S. BISCAYNE BLVD., SUITE 400

City-State-Zip: CINCINNATI OH 45202

Title D

Title PCEO Name MCNAMARA, KEVIN J
Name WESTFALL, NICHOLAS

Address 255 E. FIFTH ST. STE 2600
Address 201 S BISCAYNE BLVD., STE.400

City-State-Zip: CINCINNATI OH 45202

I hereby 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 all other like empowered.

SIGNATURE: NICHOLAS WESTFALL

PCEO

04/22/2020