

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# G87584

**Entity Name:** VITAS HEALTHCARE CORPORATION OF FLORIDA**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
Name	STEPHENS, MARK W
Address	255 E FIFTH ST, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	VP
Name	WILLIAMS, DAVID P
Address	255 E. FIFTH ST, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	PCFO
Name	WESTER, DAVID A
Address	201 S. BISCAYNE BLVD., SUITE 400
City-State-Zip:	MIAMI FL 33131

Title	SGC
Name	DALLOB, NAOMI
Address	255 E FIFTH ST, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	CEO
Name	WESTFALL, NICHOLAS
Address	201 S BISCAYNE BLVD., STE.400
City-State-Zip:	MIAMI FL 33131

Title	D
Name	MCNAMARA, KEVIN J
Address	255 E. FIFTH ST. STE 2600
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:** NAOMI DALLOB

SGC

04/19/2017

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date