

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000889

Entity Name: VITAS HOSPICE SERVICES, L.L.C.**Current Principal Place of Business:**100 S. BISCAYNE BLVD., STE. 1500
MIAMI, FL 33131**Current Mailing Address:**255 E 5TH ST
STE 2600-B S GUGEL
CINCINNATI, OH 45202**FEI Number:** 65-1094331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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**Authorized Person(s) Detail :**

Title	EVP
Name	KINZBRUNNER, BARRY
Address	100 SOUTH BISCAYNE BLVD STE1500
City-State-Zip:	MIAMI FL 33131

Title	CEO
Name	O'TOOLE, TIMOTHY S
Address	100 SOUTH BISCAYNE BLVD., SUITE 1500
City-State-Zip:	MIAMI FL 33131

Title	AT
Name	STEPHENS, MARK W
Address	255 E 5TH ST, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	PCFO
Name	WESTER, DAVID A
Address	100 SOUTH BISCAYNE BLVD STE1500
City-State-Zip:	MIAMI FL 33131

Title	EVP
Name	PETTIT, PEGGY
Address	100 SOUTH BISCAYNE BLVD STE1500
City-State-Zip:	MIAMI FL 33131

Title	VP GC
Name	DALLOB, NAOMI C
Address	255 E 5TH 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK W. STEPHENS**ASSISTANT TREASURER** 04/12/2013_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date