

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M01000000889

**Entity Name:** VITAS HOSPICE SERVICES, L.L.C.**Current Principal Place of Business:**201 S. BISCAYNE BLVD.  
SUITE 400  
MIAMI, FL 33131**Current Mailing Address:**255 E FIFTH ST  
SUITE 1050  
CINCINNATI, OH 45202 US**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	201 S BISCAYNE BLVD SUITE 400
City-State-Zip:	MIAMI FL 33131
Title	AT
Name	STEPHENS, MARK W
Address	255 E FIFTH ST SUITE 2600
City-State-Zip:	CINCINNATI OH 45202
Title	EVP
Name	PETTIT, PEGGY
Address	201 SOUTH BISCAYNE BLVD SUITE 400
City-State-Zip:	MIAMI FL 33131

Title	CEO
Name	WESTFALL, NICHOLAS
Address	201 S BISCAYNE BLVD SUITE 400
City-State-Zip:	MIAMI FL 33131
Title	PCFO
Name	WESTER, DAVID A
Address	201 S BISCAYNE BLVD SUITE 400
City-State-Zip:	MIAMI FL 33131
Title	VP GC
Name	DALLOB, NAOMI C
Address	255 E FIFTH ST SUITE 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NAOMI DALLOB

VP GC

03/28/2018

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date