

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F00000001464

**Entity Name:** VITAS HME SOLUTIONS, INC.

**Current Principal Place of Business:**

201 S BISCAYNE BLVD  
SUITE 400  
MIAMI, FL 33131

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**9217964225CC**

**Current Mailing Address:**

255 E FIFTH STREET  
SUITE 1050  
CINCINNATI, OH 45202 US

**FEI Number: 65-0989593**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
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            PRESIDENT, CEO  
Name            WESTFALL, NICHOLAS  
Address        201 SOUTH BISCAYNE BLVD  
                  SUITE 400  
City-State-Zip: MIAMI FL 33131

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

Title            EVP/CFO  
Name            KREGER, JEFFREY M  
Address        201 S BISCAYNE BLVD  
                  SUITE 400  
City-State-Zip: MIAMI FL 33131

Title            AT  
Name            MANGINE, ROBERT E JR.  
Address        255 E FIFTH STREET  
                  SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title            SGC  
Name            JUDKINS, BRIAN C  
Address        255 E. 5TH STREET,  
                  SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title            D  
Name            MCNAMARA, KEVIN J  
Address        255 E FIFTH ST  
                  SUITE 2600  
City-State-Zip: CINCINNATI OH 45202

Title            SVP/CAO  
Name            TRACEY, BERT  
Address        201 S BISCAYNE BLVD  
                  SUITE 400  
City-State-Zip: MIAMI FL 33131

Title            DIRECTOR  
Name            WHERLEY, JOEL  
Address        201 S. BISCAYNE BLVD, STE 400  
City-State-Zip: MIAMI FL 33131

*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 M. WESTFALL**

**CEO**

**04/19/2022**

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

\_\_\_\_\_  
Date