

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001464

Entity Name: VITAS HME SOLUTIONS, INC.**Current Principal Place of Business:**ATTN: LEGAL DEPARTMENT
100 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131**Current Mailing Address:**255 EAST 5TH STREET
SUITE 2600 - BARBARA S GUGEL
CINCINNATI, OH 45202**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 CEO
Name O'TOOLE, TIMOHTY S
Address 100 SOUTH BISCAYNE BLVD., STE 1500
City-State-Zip: MIAMI FL 33131

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

Title SGC
Name DALLOB, NAOMI C
Address 100 SOUTH BISCAYNE BLVD., STE 1500
City-State-Zip: MIAMI FL 33131

Title VP
Name WILLIAMS, DAVID P
Address 255 E 5TH STREET, SUITE 2600
City-State-Zip: CINCINNATI OH 45202

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

Title D
Name MCNAMARA, KEVIN J
Address 100 SOUTH BISCAYNE BLVD., STE 1500
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: MARK W. STEPHENS**ASSISTANT TREASURER** 04/12/2013

Electronic Signature of Signing Officer/Director Detail

Date