

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00571

Entity Name: VITAS HEALTHCARE CORPORATION**Current Principal Place of Business:**201 SOUTH BISCAYNE BLVD, STE 400
MIAMI, FL 33131**Current Mailing Address:**255 E. FIFTH ST
STE 1050
CINCINNATI, OH 45202 US**FEI Number:** 59-2318357**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	CEO
Name	WESTFALL, NICHOLAS
Address	201 S BISCAYNE BLVD, STE. 400
City-State-Zip:	MIAMI FL 33131

Title	EVP/CFO
Name	KREGER, JEFFREY M
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 45202-4726

Title	VPF
Name	BERT, TRACEY
Address	201 S BISCAYNE BLVD STE 300
City-State-Zip:	MIAMI FL 33131

Title	D
Name	REILLY, THOMAS J
Address	255 E FIFTH ST. STE 2600
City-State-Zip:	CINCINNATI OH 45202-4726

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

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

Title	VP
Name	WILLIAMS, DAVIP P
Address	255 EAST 5TH STREET, 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 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

04/22/2020

Electronic Signature of Signing Officer/Director Detail_____
Date