

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P00571

**Entity Name:** VITAS HEALTHCARE CORPORATION**Current Principal Place of Business:**ATTN: LEGAL DEPARTMENT  
100 SOUTH BISCAYNE BLVD, STE 1500  
MIAMI, FL 33131**Current Mailing Address:**255 E 5TH ST  
STE 1200- AMY SCHUCK  
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	CEOD
Name	O'TOOLE, TIMOTHY S
Address	100 SOUTH BISCAYNE BLVD, STE. 1500
City-State-Zip:	MIAMI FL 33131

Title	D
Name	MCNAMARA, KEVIN J
Address	2600 CHEMED CENTER, 255 E FIFTH ST.
City-State-Zip:	CINCINNATI OH 45202-4726

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

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

Title	PCFO
Name	WESTER, DAVID A
Address	100 S BISCAYNE BLVD, STE 1500
City-State-Zip:	MIAMI FL 33131

Title	VPF
Name	BERT, TRACEY
Address	100 S BISCAYNE BLVD STE 1500
City-State-Zip:	MIAMI FL 33131

Title	VPGC
Name	DALLOB, NAOMI C
Address	255 EAST 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 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** 04/28/2015\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date