2013 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 2600-BARBARA S GUGEL 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

FILED Apr 11, 2013

Secretary of State

CC7702880859

Officer/Director Detail:

CEOD Title Title **PCFO**

O'TOOLE, TIMOTHY S Name Name WESTER, DAVID A

Address 100 SOUTH BISCAYNE BLVD, STE. Address 100 S BISCAYNE BLVD, STE 1500

> 1500 City-State-Zip: MIAMI FL 33131

MIAMI FL 33131 City-State-Zip:

VPF Title Title

MCNAMARA, KEVIN J Name

100 S BISCAYNE BLVD STE 1500 Address 2600 CHEMED CENTER, 255 E FIFTH Address

Name

BERT, TRACEY

City-State-Zip: MIAMI FL 33131

CINCINNATI OH 45202-4726 City-State-Zip: **VPGC** Title

Title Name DALLOB, NAOMI C D

REILLY, THOMAS J Name Address 255 EAST 5TH ST., STE 2600

2600 CHEMED CENTER, 255 E FIFTH City-State-Zip: CINCINNATI OH 45202 Address

CINCINNATI OH 45202-4726 City-State-Zip:

ΑT Name STEPHENS, MARK W

Title

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.

04/11/2013 SIGNATURE: MARK W. STEPHENS ASSISTANT TREASURER