FILE ON OR BEFORE DECEMBER 31, 1998 OR LIMITED PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND $500 PENALTY FEE

LIMITED PARTNERSHIP ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 JAN -4 PM 4:47

1. Name of Limited Partnership
Vitas Healthcare of Texas, L.P.

1a. DOCUMENT #
B98000000603

Mailing Address	Principal Office Address

3. Date Formed or Registered: 10/13/98

3a. Date of Last Report: N/A

4. State or Country of Formation: Texas

5a. Capital Contributions as Shown on record.: - 0 -

5b. Amount of Capital Contributions in FLORIDA to date: - 0 -

2. Mailing Address	**2a.** Principal Office Address
100 South Biscayne Boulevard	100 South Biscayne Boulevard
Suite, Apt. #, etc.: Suite 1500	Suite, Apt. #, etc.: Suite 1500
City & State: Miami, Florida	City & State: Miami, Florida
Zip: 33131 Country: USA	Zip: 33131 Country: USA

6. FEI Number: 65-0866305 ☐ Applied For ☐ Not Applicable

7. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

8. Make check payable to: Dept. of State (See reverse side for fee information)

9. Name and Address of Current Registered Agent	**10.** If changed, new Registered Agent/Office
Corporation Services Company' 1201 Hays Street Tallahassee, Florida 32301	Name Street Address (P.O. Box Number Is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code

100002732161--0
01/06/99 01066 005
****141.25 ****141.25

10a. Pursuant to the provisions of sections 620.1051 and 620.192, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by its general partner(s). I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of section 620.192, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment) _____ DATE _____

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

11. Name(s) of General Partner(s)	**11a.** Address of Each General Partner (Do NOT Use Post Office Box Numbers)	**11b.** City, State & Zip Code	**11c.** Registration/ Document Number
Vitas Healthcare Corporation	100 South Biscayne Boulevard Suite 1500	Miami, Florida 33131	P00571

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE _____ DATE 12/31/98

Typed or Printed Name of General Partner Signing Form _____ Daytime Telephone Number _____

CR2E003 (8/98)