

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # B98000000603

1. Entity Name

Vitas Healthcare of Texas, L.P.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 APR 17 AM 11:43

*mf*

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

100 South Biscayne Blvd. Suite 1500  
Miami, Florida 33131  
Attn: Legal Dept.

2. Principal Place of Business

3. Mailing Address

100 S. Biscayne Blvd.  
Suite, Apt. #, etc.  
1500

100 S. Biscayne Blvd.  
Suite, Apt. #, etc.  
1500

City & State  
Miami, Florida

City & State  
Miami, Florida

4. FEI Number  
65-0866305

Applied For  
Not Applicable

Zip Country  
33131 Miami-Dade

Zip Country  
33131 Miami-Dade

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Services Company  
1201 Hays Street  
Tallahassee, Florida 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. Capital Contributions  
as Shown on record.

- 0 -

10. Amount of Capital Contributions  
in FLORIDA to date.

- 0 -

11. MAKE CHECK PAYABLE TO DEPT. OF STATE  
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.  
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # P00571  
NAME Vitas Healthcare Corporation  
STREET ADDRESS 100 S. Biscayne Blvd, Ste. 1500  
CITY-ST-ZIP Miami, Florida 33131

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Robert D. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

305-350-6921

Date

Daytime Phone #

CR2E003 (9/99)