


2005 LIMITED PARTNERSHIP ANNUAL REPORT

Due By May 1, 2005

FILED

2005 APR 28 PM 1:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| | | | | | |
|---|---|---|---|---|--|
| DOCUMENT # B98000000603 1. Entity Name VITAS HEALTHCARE OF TEXAS, L.P. | | | |  | |
| Principal Place of Business 100 SOUTH BISCAYNE BOULEVARD, SUITE 1500 MIAMI, FL 33131 | | | Mailing Address 100 SOUTH BISCAYNE BLVD., STE. 1500 ATTN: LEGAL DEPT. MIAMI, FL 33131 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 255 East 5th Street Suite, Apt. #, etc. Suite 2600-Barbara S. Gugel | | | |
| City & State | | City & State Cincinnati, OH 45202 | | 4. FEI Number 65-0866305 | |
| Zip | | Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | | | 7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small> | | | | | |
| 9. Capital Contributions as Shown on record. \$0.00 | | | 10. Amount of Capital Contributions in FLORIDA to date. | | |
| 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 # | M01000000889 | | STREET ADDRESS | | |
| NAME | VITAS HOSPICE SERVICES, L.L.C. | | CITY-ST-ZIP | 400054918534 | |
| STREET ADDRESS | 100 SOUTH BISCAYNE BLVD., SUITE 1500 | | | 05/20/05--01049--010 **141.25 | |
| CITY-ST-ZIP | MIAMI, FL 33131 | | CITY-ST-ZIP | | |
| DOCUMENT # | | | STREET ADDRESS | | |
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| 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: X <i>Naomi C. Dallob</i> | | | Naomi C. Dallob | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER | | | Date 4/21/2005 Daytime Phone # | | |

STAPLE CHECK HERE