



2006 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2006

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

06 APR -7 AM 9:16

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., SUITE 1500 ATTN: LEGAL DEPT. MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 255 East 5th Street Suite, Apt. #, etc. Suite 2600-Barbara S. Gugel City & State Cincinnati, Ohio 45202 Zip Country			
		4. FEI Number 65-0866305		Applied For Not Applicable	
		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>					
FILE NOW!!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00					
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		
STREET ADDRESS	100 SOUTH BISCAYNE BLVD., SUITE 1500				
CITY-ST-ZIP	MIAMI, FL 33131				
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CITY-ST-ZIP					
14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 			Naomi C. Dallob-Sr VP & General Counsel 3/29/2006		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER			Date Daytime Phone #		

STAPLE CHECK HERE

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 04/27/06--01041--008 **500.00

VITAS HEALTHCARE OF TEXAS, L.P.

OFFICERS

Chief Executive Officer
President
Executive VP & Chief Operating Officer
Executive VP-Development & Public Affairs
Sr. VP & General Counsel

Timothy S. O'Toole
David A. Wester
Peggy Pettit
Dierdre Lawe
Naomi C. Dallob

DIRECTORS

Timothy S. O'Toole
Kevin J. McNamara