

2009 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B98000000603

FILED
Apr 10, 2009
Secretary of State

Entity Name: VITAS HEALTHCARE OF TEXAS, L.P.

Current Principal Place of Business:

100 SOUTH BISCAYNE BOULEVARD, SUITE 1500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

255 EAST 5TH STREET
SUITE 2600-BARBARA S GUEGEL
CINCINNATI, FL 45202

New Mailing Address:

255 EAST 5TH STREET
SUITE 2600-BARBARA S GUEGEL
CINCINNATI, OH 45202

FEI Number: 65-0866305

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

GENERAL PARTNER INFORMATION:

Document #: M01000000889
Name: VITAS HOSPICE SERVICES, L.L.C.
Address: 100 SOUTH BISCAYNE BLVD, SUITE 1500
City-St-Zip: MIAMI, FL 33131
Document #:
Name: O'TOOLE, TIMOTHY S
Address: 100 SOUTH BISCAYNE BLVD, SUITE 1500
City-St-Zip: MIAMI, FL 33131
Document #:
Name: WESTER, DAVID A
Address: 100 SOUTH BISCAYNE BLVD, SUITE 1500
City-St-Zip: MIAMI, FL 33131
Document #:
Name: PETTIT, PEGGY
Address: 100 SOUTH BISCAYNE BLVD, SUITE 1500
City-St-Zip: MIAMI, FL 33131
Document #:
Name: LAWE, DIERDRE
Address: 100 SOUTH BISCAYNE BLVD, SUITE 1500
City-St-Zip: MIAMI, FL 33131
Document #:
Name: DALLOB, NAOMI C
Address: 100 SOUTH BISCAYNE BLVD, SUITE 1500
City-St-Zip: MIAMI, FL 33131

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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

SGC

04/10/2009

Electronic Signature of Signing General Partner

Date