

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001464

FILED
Apr 11, 2012
Secretary of State

Entity Name: VITAS HME SOLUTIONS, INC.

Current Principal Place of Business:

ATTN: LEGAL DEPARTMENT
100 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0989593

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: O'TOOLE, TIMOHTY S
Address: 100 SOUTH BISCAYNE BLVD., STE 1500
City-St-Zip: MIAMI, FL 33131

Title: VP
Name: WILLIAMS, DAVID P
Address: 255 E 5TH STREET, SUITE 2600
City-St-Zip: CINCINNATI, OH 45202

Title: P
Name: WESTER, DAVID A
Address: 100 SOUTH BISCAYNE BLVD.
City-St-Zip: MIAMI, FL 33131

Title: AT
Name: STEPHENS, MARK W
Address: 255 E 5TH ST, SUITE 2600
City-St-Zip: CINCINNATI, OH 45202

Title: SGC
Name: DALLOB, NAOMI C
Address: 100 SOUTH BISCAYNE BLVD., STE 1500
City-St-Zip: MIAMI, FL 33131

Title: D
Name: MCNAMARA, KEVIN J
Address: 100 SOUTH BISCAYNE BLVD., STE 1500
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK W. STEPHENS

AT

04/11/2012

Electronic Signature of Signing Officer or Director

Date