

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F06000007415

Entity Name: VITAS CARE SOLUTIONS, INC.

FILED
Feb 15, 2008
Secretary of State

Current Principal Place of Business:

100 S BISCAYNE BLVD STE 1500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

100 S BISCAYNE BLVD STE 1500
MIAMI, FL 33131

New Mailing Address:

FEI Number: 20-8002332

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: NAOMI C. DALLOB

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: O'TOOLE, TIMOTHY S
Address: 100 S BISCAYNE BLVD STE 1500
City-St-Zip: MIAMI, FL 33131

Title: DVC () Delete
Name: PETTIT, PEGGY
Address: 100 S BISCAYNE BLVD STE 1500
City-St-Zip: MIAMI, FL 33131

Title: DV () Delete
Name: LAWE, DEIRDRE
Address: 100 S BISCAYNE BLVD STE 1500
City-St-Zip: MIAMI, FL 33131

Title: VCFO () Delete
Name: WESTER, DAVID A
Address: 100 S BISCAYNE BLVD STE 1500
City-St-Zip: MIAMI, FL 33131

Title: SCFO () Delete
Name: DALLOB, NAOMI C
Address: 100 S BISCAYNE BLVD STE 1500
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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 an address, with all other like empowered.

SIGNATURE: NAOMI C. DALLOB

Electronic Signature of Signing Officer or Director

SCFO

02/15/2008

Date