

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000007415

FILED
Mar 29, 2010
Secretary of State

Entity Name: VITAS CARE SOLUTIONS, INC.

Current Principal Place of Business:

100 S BISCAYNE BLVD STE 1500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

255 EAST 5TH STREET
SUITE 2600
CINCINNATI, O 45202

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

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

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

Title: SGC
Name: DALLOB, NAOMI C
Address: 100 S 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

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: NAOMI C. DALLOB

SGC

03/29/2010

Electronic Signature of Signing Officer or Director

Date