

**2001 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F96000002834**

1. Entity Name

**VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA****FILED****May 03, 2001 8:00 am**  
**Secretary of State**

05-03-2001 91163 044 \*\*\*158.75

Principal Place of Business

**100 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

Mailing Address

**100 SOUTH BISCAYNE BOULEVARD  
MIAMI FL 33131**

Attn: Legal Dept.

Attn: Legal Dept.

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number **65-0668678**

Applied For

Not Applicable

5. Certificate of Status Desired ☒**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CCEO WESTBROOK, HUGH A 100 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SVPF PETTIT, PEGGY 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D WILLIAMS, J R MD 100 SOUTH BISCAYNE BOULEVARD MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CHO LAW, DEIRDRE 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFOT WESTER, DAVID A 100 S BISCAYNE BLVD STE 1500 MIAMI FL 33131</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VGCS CLARK, ROBERT D 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL 33131</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President, General Secretary Barbara del Castillo 100 S. Biscayne Blvd., Suite 1500 Miami, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Chairperson &amp; Director Esther Colliflower 100 S. Biscayne Blvd., Suite 1500 Miami, FL 33131</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Barbara del Castillo*

Barbara del Castillo

Date

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/01 305-350-6921

CR2E034 (10/00)