

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002834

FILED  
Apr 11, 2008  
Secretary of State

Entity Name: VITAS HEALTHCARE CORPORATION OF CENTRAL FLORIDA

## Current Principal Place of Business:

100 SOUTH BISCAYNE BOULEVARD  
ATTN LEGAL DEPT  
MIAMI, FL 33131

## New Principal Place of Business:

## Current Mailing Address:

255 E 5TH ST  
SUITE 2600 - BARBARA S. GUGEL  
CINCINNATI, OH 45202

## New Mailing Address:

FEI Number: 65-0668678

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

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

Title: D ( ) Delete  
Name: MCNAMARA, KEVIN J  
Address: 255 E. FIFTH STREET, SUITE 2600  
City-St-Zip: CINCINNATI, OH 452024726

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

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

Title: SGC ( ) Delete  
Name: DALLOB, NAOMI C  
Address: 255 E 5TH ST., SUITE 2600  
City-St-Zip: CINCINNATI, OH 45202

## 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:

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

SGC

04/11/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date