

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT #F98000005516

1. Entity Name

Vitas Holdings Corporation

FILED
Mar 15, 2000 8:00 am
Secretary of State

03-15-2000 90014 037 ***158.75

820004

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
100 South Biscayne Blvd. 100 South Biscayne Blvd.
Suite 1500 Suite 1500
Miami, Florida 33131 Miami, Florida 33131
Attn: Legal Dept.

2. Principal Place of Business 3. Mailing Address
100 S. Biscayne Blvd. 100 S. Biscayne Blvd.
Suite, Apt. #, etc. Suite, Apt. #, etc.
1500 1500

City & State City & State
Miami, Florida Miami, Florida
Zip Country Zip Country
33131 Miami-Dade 33131 Miami-Dade

4. FEI Number Applied For
65-0866301 Not Applicable

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

6. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301-2525

7. Name and Address of New Registered Agent

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, 2000 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman, President, CEO <input type="checkbox"/> Delete Hugh A. Westbrook 100 S. Biscayne Blvd. Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Executive V.P., Chief Financial Officer <input type="checkbox"/> Delete J.R. Williams 100 S. Biscayne Blvd. Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chief of Hospice Operations, Sr. <input type="checkbox"/> Delete Deirdre Lawe 100 S. Biscayne Blvd. Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sr. V.P., CFO, Asst. Secretary <input type="checkbox"/> Delete David A. Wester 100 S. Biscayne Blvd. Miami, Florida 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P., General Counsel, Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Robert D. Clark 100 S. Biscayne Blvd. Miami, Florida 33131
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
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:  Robert D. Clark

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-350-6921

Date

Daytime Phone #

CR2E034 (9/99)