FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G87584 (0)

1. Corporation Name
VITAS HEALTHCARE CORPORATION OF FLORIDA

Principal Place of Business	Mailing Address
100 S. BISCAYNE BLVD. SUITE 1500 MIAMI FL 33131	100 S. BISCAYNE BLVD. SUITE 1500 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/12/1984
3a. Date of Last Report: 07/05/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 65-0160635 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CTD	11 TITLE	☐ Change ☐ Addition
NAME	WESTBROOK, HIGH A	12 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD	13 STREET ADDRESS	Please see Attachment A
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	COLLIFLOWER, ESTHER T	22 NAME	
STREET ADDRESS	100 S. BISCAYNE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	
TITLE	DV	31 TITLE	☐ Change ☐ Addition
NAME	WILLIAM, J. RICHARD	32 NAME	
STREET ADDRESS	100 S BISCAYNE BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	COLLIER, EARL M JR	42 NAME	
STREET ADDRESS	100 S BISCAYNE BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	44 CITY-ST-ZIP	
TITLE	VS	51 TITLE	☐ Change ☐ Addition
NAME	OHLENDORF, MARK W	52 NAME	
STREET ADDRESS	100 S BISCAYNE BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 10 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/23/95 305/350-5922
SIGNATURE AND TYPED OR PRINTED NAME OF MGRING MEMBER OR DIRECTOR — Date — Daytime Phone #
Mark Ohlendorf, Vice President

0126500 CP

ATTACHMENT A

VITAS HEALTHCARE CORPORATION OF FLORIDA

Officers and Directors

Name and Address	Title
Hugh A. Westbrook 100 S. Biscayne Boulevard, Suite 1500 Miami, Florida 33131	D/C/P/CEO (Change)
Earl M. Collier, Jr. 100 S. Biscayne Boulevard, Suite 1500 Miami, Florida 33131	D/ExV/CO (Change)
Esther T. Colliflower 100 S. Biscayne Boulevard, Suite 1500 Miami, Florida 33131	D (Addition)
J. Richard Williams 100 S. Biscayne Boulevard, Suite 1500 Miami, Florida 33131	D (Addition)
Mark Ohlendorf 100 S. Biscayne Boulevard, Suite 1500 Miami, Florida 33131	V/T/AS (Addition)
Mark A. Sterling 100 S. Biscayne Boulevard, Suite 1500 Miami, Florida 33131	S (Addition)
Kathryn A. Christmann 100 S. Biscayne Boulevard, Suite 1500 Miami, Florida 33131	AS (Addition)