FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **01/12/1984**
3a. Date of Last Report: **03/03/1995**

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (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, type or print 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	CEOP	☐ DELETE	1.1 TITLE	EVP	☐ Change ☒ Addition
NAME	WESTBROOK, HUGH A.		1.2 NAME	NEVIN, JR., RICHARD I.	
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500		1.3 STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	EVDC	☒ DELETE	2.1 TITLE	RVP	☐ Change ☒ Addition
NAME	COLLIER, JR. E		2.2 NAME	CARRAHER, MARY LOU	
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500		2.3 STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	☐ DELETE	3.1 TITLE	AS	☐ Change ☒ Addition
NAME	COLLIFLOWER, ESTHER T.		3.2 NAME	CHRISTMANN, KATHRYN A.	
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500		3.3 STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, J. RICHARD		4.2 NAME		
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	VTAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	OHLENDORF, MARK		5.2 NAME		
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	STERLING, MARK A.		6.2 NAME		
STREET ADDRESS	100 S. BISCAYNE BOULEVARD, SUITE 1500		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 2/12/96 (305) 350-5922
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #