2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State
03-06-2000 90091 003 ***150.00

DOCUMENT #: G87584

1. Entity 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 33131-2021

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0160635 ☐ Applied For ☐ 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 FL 32301

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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOP WESTBROOK, HUGH A. 100 S. BISCAYNE BOULEVARD, SUITE 1500 MIAMI FL	☐ Delete	Sr. V.P.-Patient & Family Services Peggy Pettit 100 S. Biscayne Blvd., Ste., 1500 Miami, FL 33131	☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS CHRISTMANN, KATHRYN A. 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL	☒ Delete	Chief of Hospice Operations, Sr. V.P. Deirdre Lawe 100 S. Biscayne Blvd., Ste. 1500 Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS HARRIS, PETER H. 100 S. BISCAYNE BLVD., SUITE 1500 MIAMI FL	☒ Delete	CFO, Sr. V.P., Treasurer David A. Wester 100 S. Biscayne Blvd., Ste. 1500 Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, J. RICHARD 100 S. BISCAYNE BOULEVARD, SUITE 1500 MIAMI FL	☐ Delete	V.P., General Counsel & Secretary Robert D. Clark 100 S. Biscayne Blvd., Ste. 1500 Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VTAS OHLENDORF, MARK 100 S. BISCAYNE BOULEVARD, SUITE 1500 MIAMI FL	☒ Delete	Chairperson Esther Colliflower 100 S. Biscayne Blvd., Ste. 1500 Miami, FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S STERLING, MARK A. 100 S. BISCAYNE BOULEVARD, SUITE 1500 MIAMI FL	☒ Delete		☐ Change ☐ Addition

CR2E034 (9/99)

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 305-350-6921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #