

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90421 035 \*\*\*158.75

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                                                                     |                                                                                                      |                                                                                   |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|--|
| <b>DOCUMENT # G87584</b><br>1. Entity Name<br><b>VITAS HEALTHCARE CORPORATION OF FLORIDA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  |                                                                                     |                                                                                                      |  |  |
| Principal Place of Business<br><b>100 S. BISCAYNE BLVD.<br/>SUITE 1500 ATTN: LEGAL DEPT.<br/>MIAMI, FL 33131</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                  |                                                                                     | Mailing Address<br><b>100 S. BISCAYNE BLVD.<br/>SUITE 1500 ATTN: LEGAL DEPT.<br/>MIAMI, FL 33131</b> |                                                                                   |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                  | 3. Mailing Address                                                                  |                                                                                                      |                                                                                   |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | Suite, Apt. #, etc.                                                                 |                                                                                                      |                                                                                   |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                  | City & State                                                                        |                                                                                                      |                                                                                   |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | Country                                          | Zip                                                                                 | Country                                                                                              |                                                                                   |  |
| 6. Name and Address of Current Registered Agent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                                                                     | 7. Name and Address of New Registered Agent                                                          |                                                                                   |  |
| CORPORATION SERVICE COMPANY<br>1200 HAYS STREET<br>TALLAHASSEE, FL 32301                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                  |                                                                                     | 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                  |                                                                                     |                                                                                                      |                                                                                   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                  |                                                                                     |                                                                                                      |                                                                                   |  |
| <b>FILE NOW!!! FEE IS \$150.00</b><br><b>After May 1, 2004 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                                                                                                      | <b>\$5.00 May Be</b><br><b>Added to Fees</b>                                      |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                  |                                                                                     | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | SVPF <input type="checkbox"/> Delete             |                                                                                     | TITLE                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | PETTIT, PEGGY                                    |                                                                                     | NAME                                                                                                 | See Attachment                                                                    |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100 S. BISCAYNE BOULEVARD, SUITE 1500            |                                                                                     | STREET ADDRESS                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL                                        |                                                                                     | CITY-ST-ZIP                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CHO <input type="checkbox"/> Delete              |                                                                                     | TITLE                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | LAWE, DEIRDRE                                    |                                                                                     | NAME                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100 S. BISCAYNE BLVD., SUITE 1500                |                                                                                     | STREET ADDRESS                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL                                        |                                                                                     | CITY-ST-ZIP                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | CFSV <input type="checkbox"/> Delete             |                                                                                     | TITLE                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WESTER, DAVID A                                  |                                                                                     | NAME                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100 S. BISCAYNE BLVD., SUITE 1500                |                                                                                     | STREET ADDRESS                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL                                        |                                                                                     | CITY-ST-ZIP                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | VGCS <input type="checkbox"/> Delete             |                                                                                     | TITLE                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | DEL CASTILLO, BARBARA                            |                                                                                     | NAME                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100 S BISCAYNE BLVD. SUITE 1500                  |                                                                                     | STREET ADDRESS                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33131                                  |                                                                                     | CITY-ST-ZIP                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | C <input checked="" type="checkbox"/> Delete     |                                                                                     | TITLE                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | COLLIFLOWER, ESTHER                              |                                                                                     | NAME                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100 S. BISCAYNE BOULEVARD, SUITE 1500            |                                                                                     | STREET ADDRESS                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL                                        |                                                                                     | CITY-ST-ZIP                                                                                          |                                                                                   |  |
| TITLE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | PCCCE <input checked="" type="checkbox"/> Delete |                                                                                     | TITLE                                                                                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | WESTBROOK, HUGH A                                |                                                                                     | NAME                                                                                                 |                                                                                   |  |
| STREET ADDRESS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 100 S BISCAYNE BLVD., SUITE 1500                 |                                                                                     | STREET ADDRESS                                                                                       |                                                                                   |  |
| CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | MIAMI, FL 33131                                  |                                                                                     | CITY-ST-ZIP                                                                                          |                                                                                   |  |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |                                                  |                                                                                     |                                                                                                      |                                                                                   |  |
| SIGNATURE: <i>Barbara del Castillo</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                  |                                                                                     | Barbara del Castillo                                                                                 |                                                                                   |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                  |                                                                                     | Date                                                                                                 |                                                                                   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                  |                                                                                     | Daytime Phone #                                                                                      |                                                                                   |  |

Attachment #G87584

**VITAS HEALTHCARE CORPORATION OF FLORIDA**

**Board of Directors**

Timothy S. O'Toole, President  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Kevin J. McNamara  
2600 Chemed Center  
255 E. Fifth Street  
Cincinnati, Ohio 45202-4726

Deirdre Lawe, Executive Vice President - Strategic Development Services  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Peggy Pettit, Executive Vice President & Chief of Hospice Operations  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Attachment # 987584

**VITAS HEALTHCARE CORPORATION OF FLORIDA**

**Officers**

Timothy S. O'Toole, President  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Peggy Pettit  
Executive Vice President – Chief of Hospice Operations  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Deirdre Lawe  
Executive Vice President - Strategic Development Services  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

David A. Wester  
Executive Vice President; Corporate Services, Chief Financial Officer,  
Treasurer & Assistant Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Barbara del Castillo  
Sr. Vice President, General Counsel, & Secretary  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131