

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2006 8:00 am
Secretary of State

04-06-2006 90021 024 ***150.00

DOCUMENT # G87584

1. Entity Name
VITAS HEALTHCARE CORPORATION OF FLORIDA



Principal Place of Business
**100 S. BISCAYNE BLVD.
SUITE 1500 ATTN: LEGAL DEPT.
MIAMI, FL 33131**

Mailing Address
**255 EAST 5TH STREET
SUITE 2600-BARBARA S. GUGEL
CINCINNATI, OH 45202**

50009453



03282006 Chg-P CR2E034 (11/05)

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

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
1200 HAYS STREET
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
PETTIT, PEGGY
100 S. BISCAYNE BOULEVARD, SUITE 1500
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EVP
LAW, DEIRDRE
100 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
WESTER, DAVID A
100 S. BISCAYNE BLVD., SUITE 1500
MIAMI, FL** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**~~SVGC~~ Sec & Gen Counsel
DALLOB, NAOMI
CHEMED CORP 255 EAST 5TH ST, SUITE 2600
CINCINNATI, OH 45202** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CEO
O'TOOLE, TIMOTHY S
100 S BISCAYNE BLVD., STE. 1500
MIAMI, FL 33131** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
MCNAMARA, KEVIN J
2600 CHEMED CENTER, 255 E FIFTH ST.
CINCINNATI, OH 452024726** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Naomi C. Dallob

Naomi C. Dallob-Secretary & General Counsel

3/29/2006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

ATTACHMENT 50009453
#687584
VITAS HEALTHCARE CORPORATION OF FLORIDA

OFFICERS

Chief Executive Officer
President
Executive VP & Chief Operating Officer
Executive VP-Development & Public Affairs
Secretary & General Counsel

Timothy S. O'Toole
David A. Wester
Peggy Pettit
Dierdre Lawe
Naomi C. Dallob

DIRECTORS

Timothy S. O'Toole
Kevin J. McNamara
Dierdre Lawe
Peggy Pettit