

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G87584

FILED
Apr 14, 2008
Secretary of State

Entity Name: VITAS HEALTHCARE CORPORATION OF FLORIDA

Current Principal Place of Business:

100 S. BISCAYNE BLVD.
SUITE 1500 ATTN: LEGAL DEPT.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 65-0160635 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1200 HAYS STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: EVP () Delete
Name: PETTIT, PEGGY
Address: 100 S. BISCAYNE BOULEVARD, SUITE 1500
City-St-Zip: MIAMI, FL

Title: EVP () Delete
Name: LAWE, DEIRDRE
Address: 100 S. BISCAYNE BLVD., SUITE 1500
City-St-Zip: MIAMI, FL

Title: P () Delete
Name: WESTER, DAVID A
Address: 100 S. BISCAYNE BLVD., SUITE 1500
City-St-Zip: MIAMI, FL

Title: SGC () Delete
Name: DALLOB, NAOMI
Address: CHEMED CORP 255 EAST 5TH ST, SUITE 2600
City-St-Zip: CINCINNATI, OH 45202

Title: CEO () Delete
Name: O'TOOLE, TIMOTHY S
Address: 100 S BISCAYNE BLVD., STE. 1500
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: MCNAMARA, KEVIN J
Address: 2600 CHEMED CENTER, 255 E FIFTH ST.
City-St-Zip: CINCINNATI, OH 452024726

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAOMI C. DALLOB

SCG

04/14/2008

Electronic Signature of Signing Officer or Director

_____ Date