


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-26-2004 90049 014 \*\*\*\*\*58.75

<b>DOCUMENT # M01000000889</b> 1. Entity Name <b>VITAS HOSPICE SERVICES, L.L.C.</b>					
Principal Place of Business <b>100 S. BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131</b>			Mailing Address <b>100 S. BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131 ATTN: Legal Dept.</b>		
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 <b>65-1094331</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>KINZBRUNNER, BARRY</b> <b>100 SOUTH BISCAYNE BLVD STE1500</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attachment <input type="checkbox"/>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WILLIAMS, J R MD</b> <b>100 SOUTH BISCAYNE BLVD STE1500</b> <b>MIAMI, FL 33131</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>LAW, DEIRDRE</b> <b>100 SOUTH BISCAYNE BLVD STE1500</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>WESTER, DAVID A</b> <b>100 SOUTH BISCAYNE BLVD STE1500</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>PETTIT, PEGGY</b> <b>100 SOUTH BISCAYNE BLVD STE1500</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>VOLLMER, MARK</b> <b>100 SOUTH BISCAYNE BLVD STE1500</b> <b>MIAMI, FL 33131</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE: <i>Barbara del Castillo</i></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<b>Barbara del Castillo</b> <small>Date</small>		<b>305-350-6921</b> <small>Daytime Phone #</small>

Attachment  
#M01000000889  
24054237

**VITAS HOSPICE SERVICES, L.L.C.**

**Board of Directors**

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

Kevin J. McNamara  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Attachment  
#MU100000889  
2405437

VITAS HOSPICE SERVICES, L.L.C.

Officers

Timothy S. O'Toole, President  
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

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

Mark Vollmer  
Sr. Vice President, Hospice Referrals &  
Admissions  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Richard Fife  
Vice President - Bioethics & Pastoral Care  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Barry Kinzbrunner  
Vice President, Clinical Research & Analysis &  
Audit; & National Medical Director  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Thomas Koutsoumpas  
Executive Vice President - Public Affairs  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Mark Cohen  
Vice President - Corporate Communications  
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

Patricia A. Husted  
Vice President - Hospice Program Resources  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Robin Johnson  
Vice President and Controller  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Ron Fried  
Vice President - Development  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Barbara Gray  
Vice President - Operations  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Robin Kruth  
Vice President - Operations  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Joanne Mack  
Vice President - Operations  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Dwayne Ostrom  
Vice President - Hospice Operations Support  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Attachment  
# M0100000088  
24054237

Judy Rybka  
Vice President, Hospice Product Management  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Celia Spitz  
Vice President - Planning & Analysis  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Clark Taylor  
Vice President - Development  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Ian Viente  
Vice President - General Manager  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Kal Mistry  
Vice President - Human Resources  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131

Mike Hansen  
Vice President - Information Technology  
100 South Biscayne Boulevard, Suite 1500  
Miami, Florida 33131