




2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90213 044 ****50.00

DOCUMENT # M01000000889 1. Entity Name VITAS HOSPICE SERVICES, L.L.C.					
Principal Place of Business 100 S. BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131			Mailing Address 100 S. BISCAYNE BLVD., STE. 1500 MIAMI, FL 33131 DEPARTMENT OF STATE		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 255 E 5th Street Suite, Apt. #, etc. Ste 2600-B S.Gugel			
City & State Zip Country		City & State Cincinnati, Ohio 45202 Zip Country		4. FEI Number 65-1094331	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP KINZBRUNNER, BARRY 100 SOUTH BISCAYNE BLVD STE1500 MIAMI, FL 33131	<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	CEO O'TOOLE, TIMOTHY S 100 SOUTH BISCAYNE BLVD., SUITE 1500 MIAMI, FL 33131	<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 LAW, DEIRDRE 100 SOUTH BISCAYNE BLVD STE1500 MIAMI, FL 33131	<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 WESTER, DAVID A 100 SOUTH BISCAYNE BLVD STE1500 MIAMI, FL 33131	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Pres David A. Wester 100 S Biscayne Blvd, Ste 1500 Miami, FL 33131 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP PETTIT, PEGGY 100 SOUTH BISCAYNE BLVD STE1500 MIAMI, FL 33131	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	Sr VP & Gen Counsel Naomi C. Dallob 255 E 5th Street, Ste 2600 Cincinnati, Ohio 45202 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP VOLLMER, MARK 100 SOUTH BISCAYNE BLVD STE1500 MIAMI, FL 33131	<input checked="" 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 exemptions contained in Chapter 119, 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.					
SIGNATURE: 			Naomi C. Dallob-Sr VP & General Counsel 3/29/2006		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		

ATTACHMENT : 20026107
#MD1000000889
VITAS HOSPICE SERVICES, L.L.C.

OFFICERS

Chief Executive Officer	Timothy S. O'Toole
President	David A. Wester
Executive VP & Chief Operating Officer	Peggy Pettit
Executive VP-Development & Public Affairs	Dierdre Lawe
Sr. VP-Hosp Referrals & Admissions	Mark Vollmer
Sr. VP & Chief Medical Officer	Barry Kinzbrunner
Sr. VP & General Counsel	Naomi C. Dallob
VP-Bioethics & Pastoral Care	Richard Fife
VP-Corporate Communications	Mark Cohen
VP-Hospice Program Resources	Patricia A. Husted
Vice President-Finance	Bert Tracey
SR. VP-Development	Ron Fried
VP-Operations	Barbara Gray
VP-Operations	Robin Kruth
VP-Operations	Joanne Mack
VP-Hospice Product Mgt	Judy Rybka
VP-Planning & Analysis	Celia Spitz
VP-General Manager	Ian Viente

DIRECTORS

Timothy S. O'Toole
Kevin J. McNamara, Chairman