2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 11, 2008
Secretary of State

DOCUMENT# M01000000889

Entity Name: VITAS HOSPICE SERVICES, L.L.C.

Current Principal Place of Business:

100 S. BISCAYNE BLVD., STE. 1500
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

255 E 5TH ST
STE 2600-B S GUGEL
CINCINNATI, OH 45202

New Mailing Address:

FEI Number: 65-1094331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

MANAGING MEMBERS/MANAGERS:

Title:	SVP	( ) Delete
Name:	KINZBRUNNER, BARRY	
Address:	100 SOUTH BISCAYNE BLVD STE1500	
City-St-Zip:	MIAMI, FL 33131	
Title:	CEO	( ) Delete
Name:	O'TOOLE, TIMOTHY S	
Address:	100 SOUTH BISCAYNE BLVD., SUITE 1500	
City-St-Zip:	MIAMI, FL 33131	
Title:	EVP	( ) Delete
Name:	LAWE, DEIRDRE	
Address:	100 SOUTH BISCAYNE BLVD STE1500	
City-St-Zip:	MIAMI, FL 33131	
Title:	P	( ) Delete
Name:	WESTER, DAVID A	
Address:	100 SOUTH BISCAYNE BLVD STE1500	
City-St-Zip:	MIAMI, FL 33131	
Title:	EVP	( ) Delete
Name:	PETTIT, PEGGY	
Address:	100 SOUTH BISCAYNE BLVD STE1500	
City-St-Zip:	MIAMI, FL 33131	
Title:	SVPC	( ) Delete
Name:	DALLOB, NAOMI C	
Address:	255 E 5TH ST STE 2600	
City-St-Zip:	CINCINNATI, OH 45202	

ADDITIONS/CHANGES:

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
Name:	
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 is true and accurate and that my electronic 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 SVPC 04/11/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date