

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000889

FILED
Apr 10, 2009
Secretary of State

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
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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

04/10/2009

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