


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 01, 2004 8:00 am
Secretary of State

06-01-2004 90749 001 ****70.00
06-01-2004 90749 002 ***400.00

DOCUMENT # N00000000955 1. Entity Name VITAS OF NORTH FLORIDA, INC.					
Principal Place of Business 100 S. BSICAYNE BLVD., STE. 1500 ATTN: LEGAL DEPT. MIAMI, FL 33131			Mailing Address 100 S. BSICAYNE BLVD., STE. 1500 ATTN: LEGAL DEPT. MIAMI, FL 33131		
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 65-1094331	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY			Name		
1201 HAYS STREET			Street Address (P.O. Box Number is Not Acceptable)		
TALLAHASSEE, FL 32301-2525					
			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WESTBROOK, HUGH A		NAME	See Attachment	
STREET ADDRESS	100 S. BSICAYNE BLVD., STE. 1500		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAMS, J.R.		NAME		
STREET ADDRESS	100 S. BSICAYNE BLVD., STE. 1500		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAW, DEIRDRE		NAME		
STREET ADDRESS	100 S. BSICAYNE BLVD., STE. 1500		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE	VPGS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVID, WESTER		NAME		
STREET ADDRESS	100 S BSICAYNE BLVD		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33131		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Barbara del Castillo</i>		Barbara del Castillo 5/4/04 305-350-6921			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>			

Attachment

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~~#N00000000955~~

VITAS OF NORTH FLORIDA, INC.

Board of Directors

Kevin J. McNamara, Chairman
2600 Chemed Center
255 E. Fifth Street
Cincinnati, Ohio 45202-4726

Timothy S. O'Toole, President & CEO
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

Attachment

#N0000000955

VITAS OF NORTH FLORIDA, INC.

Officers

Kevin J. McNamara, Chairman
2600 Chemed Center
255 E. Fifth Street
Cincinnati, Ohio 45202-4726

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

Deirdre Lawe
Sr. Vice President; Chief of Hospice Operations
100 South Biscayne Boulevard, Suite 1500
Miami, Florida 33131

David A. Wester
Sr. Vice President, Chief Financial Officer,
Treasurer, & Assistant Secretary
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