

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90029 002 \*\*\*\*61.25

<b>DOCUMENT # N00000000955</b>					
<b>1. Entity Name</b> VITAS OF NORTH FLORIDA, INC.					
<b>Principal Place of Business</b> 100 S. BSICAYNE BLVD., STE. 1500 ATTN: LEGAL DEPT. MIAMI, FL 33131			<b>Mailing Address</b> 255 E 5TH ST, STE 2600 BARBARA S GUGEL CINCINNATI, OH 45202		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 65-1094331	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			Name Street Address (P.O. Box Number is Not Acceptable) City		
			FL Zip Code		
<b>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.</b>					
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 \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> MCNAMEA, KEVIN J <b>STREET ADDRESS</b> 2600 CHEMED CENTER, 225 E. FIFTH STREET <b>CITY-ST-ZIP</b> CINCINNATI, OH 452024726	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Dir <b>NAME</b> Kevin J. McNamara <b>STREET ADDRESS</b> 255 E 5th Street, Ste 2600 <b>CITY-ST-ZIP</b> Cincinnati, Ohio 45202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> CEO <b>NAME</b> O'TOOLE, TIMOTHY S <b>STREET ADDRESS</b> 100 SOUTH BISCAYNE BLVD., STE. 1500 <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> LAW, DEIRDRE <b>STREET ADDRESS</b> 100 S. BSICAYNE BLVD., STE. 1500 <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> DAVID, WESTER <b>STREET ADDRESS</b> 100 S BISCAYNE BLVD <b>CITY-ST-ZIP</b> MIAMI, FL 33131	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> DALLOB, NAOMI <b>STREET ADDRESS</b> 255 E 5TH ST, STE 2600 <b>CITY-ST-ZIP</b> CINCINNATI, OH 45202	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> Sec & Gen Counsel <b>NAME</b> Naomi C. Dallob <b>STREET ADDRESS</b> 255 E 5th Street, Ste 2600 <b>CITY-ST-ZIP</b> Cincinnati, Ohio 45202	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. 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 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.</b>					
<b>SIGNATURE:</b>			Naomi C. Dallob-Secretary & General Counsel		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

**ATTACHMENT**  
**VITAS OF NORTH FLORIDA, INC.**

OFFICERS

Chief Executive Officer  
President  
Executive VP-Development & Public Affairs  
Secretary & General Counsel

Timothy S. O'Toole  
David A. Wester  
Dierdre Lawe  
Naomi C. Dallob

DIRECTORS

Timothy S. O'Toole  
Kevin J. McNamara  
Dierdre Lawe