

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000955

FILED
Apr 11, 2008
Secretary of State

Entity Name: VITAS OF NORTH FLORIDA, INC.

Current Principal Place of Business:

100 S. BSICAYNE BLVD., STE. 1500
ATTN: LEGAL DEPT.
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

255 E 5TH ST, STE 2600
BARBARA 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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: NAOMI C. DALLOB

04/11/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCMANARA, KEVIN J
Address: 255 E 5TH STREET, STE 2600
City-St-Zip: CINCINNATI, OH 45202

Title: CEO () Delete
Name: O'TOOLE, TIMOTHY S
Address: 100 SOUTH BISCAYNE BLVD., STE. 1500
City-St-Zip: MIAMI, FL 33131

Title: EVP () Delete
Name: LAWE, DEIRDRE
Address: 100 S. BSICAYNE BLVD., STE. 1500
City-St-Zip: MIAMI, FL 33131

Title: P () Delete
Name: DAVID, WESTER
Address: 100 S BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: SGC () Delete
Name: DALLOB, NAOMI C
Address: 255 E 5TH ST, STE 2600
City-St-Zip: CINCINNATI, OH 45202

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAOMI C. DALLOB

SGC

04/11/2008

Electronic Signature of Signing Officer or Director

Date