2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2009
Secretary of State

DOCUMENT# N00000000955

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:

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

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 04/10/2009

Electronic Signature of Signing Officer or Director — Date