

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000955

FILED  
Apr 05, 2011  
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:**

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

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

Title: VP  
Name: WILLIAMS, DAVID P  
Address: 255 EAST 5TH ST., SUITE 2600  
City-St-Zip: CINCINNATI, OH 45202

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

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

I hereby 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 all other like empowered.

SIGNATURE: NAOMI C. DALLOB

SGC

04/05/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date