2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00571

Entity Name: VITAS HEALTHCARE CORPORATION

FILED
Apr 10, 2009
Secretary of State

Current Principal Place of Business:

ATTN: LEGAL DEPARTMENT
100 SOUTH BISCAYNE BLVD, STE 1500
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

255 E 5TH ST
STE 2600 BARBARA S GUGEL
CINCINNATI, OH 45202 US

New Mailing Address:

FEI Number: 59-2318357 **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 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

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

Title: PCFO ( ) Delete
Name: WESTER, DAVID A
Address: 100 S BISCAYNE BLVD, STE 1500
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: MCNAMARA, KEVIN J
Address: 2600 CHEMED CENTER, 255 E FIFTH ST.
City-St-Zip: CINCINNATI, OH 452024726

Title: VPF ( ) Delete
Name: BERT, TRACEY
Address: 100 S BISCAYNE BLVD STE 1500
City-St-Zip: MIAMI, FL 33131

Title: D ( ) Delete
Name: REILLY, THOMAS J
Address: 2600 CHEMED CENTER, 255 E FIFTH ST.
City-St-Zip: CINCINNATI, OH 452024726

Title: VPGC ( ) Delete
Name: DALLOB, NAOMI C
Address: 255 EAST 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:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NAOMI C. DALLOB VPGC 04/10/2009

Electronic Signature of Signing Officer or Director Date