

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00571

FILED  
Mar 29, 2010  
Secretary of State

**Entity Name:** VITAS HEALTHCARE CORPORATION

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

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

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

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

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

**Title:** VPGC  
**Name:** DALLOB, NAOMI C  
**Address:** 255 EAST 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE:** NAOMI C. DALLOB

VPGC

03/29/2010

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

\_\_\_\_\_  
Date