

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G87584

Entity Name: VITAS HEALTHCARE CORPORATION OF FLORIDA**Current Principal Place of Business:**

100 S. BISCAYNE BLVD.
SUITE 1500 ATTN: LEGAL DEPT.
MIAMI, FL 33131

Current Mailing Address:

100 S. BISCAYNE BLVD.
SUITE 1500 ATTN: LEGAL DEPT.
MIAMI, FL 33131

FEI Number: 65-0160635**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title AT
Name STEPHENS, MARK W
Address 255 E 5TH ST, SUITE 2600
City-State-Zip: CINCINNATI OH 45202

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

Title PCFO
Name WESTER, DAVID A
Address 100 S. BISCAYNE BLVD., SUITE 1500
City-State-Zip: MIAMI FL 33131

Title SGC
Name DALLOB, NAOMI
Address CHEMED CORP 255 EAST 5TH ST,
SUITE 2600
City-State-Zip: CINCINNATI OH 45202

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

Title D
Name MCNAMARA, KEVIN J
Address 2600 CHEMED CENTER, 255 E FIFTH
ST.
City-State-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: MARK W. STEPHENS**ASSISTANT TREASURER** 03/19/2014

Electronic Signature of Signing Officer/Director Detail

Date