2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Oct 09, 2019
Secretary of State
0217863760CC

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Entity Name: VITAS HEALTHCARE CORPORATION OF FLORIDA

Current Principal Place of Business:

201 S. BISCAYNE BLVD.
STE. 400
MIAMI, FL 33131

Current Mailing Address:

255 E. FIFTH ST.
STE 1050
CINCINNATI, OH 45202 US

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	MANGINE, ROBERT E JR.
Address	255 E FIFTH STREET SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	EVP, CFO
Name	KREGER, JEFFREY M
Address	201 S. BISCAYNE BLVD., SUITE 400
City-State-Zip:	MIAMI FL 33131

Title	PCEO
Name	WESTFALL, NICHOLAS
Address	201 S BISCAYNE BLVD., STE.400
City-State-Zip:	MIAMI FL 33131

Title	VP
Name	WILLIAMS, DAVID P
Address	255 E. FIFTH ST, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	SGC
Name	DALLOB, NAOMI
Address	255 E FIFTH ST, SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Title	D
Name	MCNAMARA, KEVIN J
Address	255 E. FIFTH ST. STE 2600
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: NAOMI DALLOB SGC 10/09/2019

Electronic Signature of Signing Officer/Director Detail — Date