

2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000889

Entity Name: VITAS HOSPICE SERVICES, L.L.C.**Current Principal Place of Business:**201 S BISCAYNE BLVD
SUITE 400
MIAMI, FL 33131**Current Mailing Address:**201 S BISCAYNE BLVD
SUITE 400
MIAMI, FL 33131 US**FEI Number:** 65-1094331**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title MANAGER, CHAIRMAN & CHIEF
EXECUTIVE OFFICER
Name WESTFALL, NICHOLAS
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Title CFO, MANAGER
Name FERNANDEZ, ALEXANDER
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE VICE PRESIDENT,
MANAGER
Name HUSTED, PATRICIA A.
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE VICE PRESIDENT, CHIEF
COMPLIANCE OFFICER, MANAGER
Name MILLER, ROBERT C.
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE VICE PRESIDENT, CHIEF
INFORMATION OFFICER, MANAGER
Name HALE, PATRICK
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Title MANAGER, PRESIDENT & CHIEF
OPERATING OFFICER
Name WHERLEY, JOEL
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE VICE PRESIDENT,
GENERAL COUNSEL, MANAGER
Name JUDKINS, BRIAN C.
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICHOLAS WESTFALL

CEO

04/20/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date