

2019 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:**255 E FIFTH ST
SUITE 1050
CINCINNATI, OH 45202 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	EVP	Title	CEO
Name	KINZBRUNNER, BARRY	Name	WESTFALL, NICHOLAS
Address	201 S BISCAYNE BLVD SUITE 400	Address	201 S BISCAYNE BLVD SUITE 400
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131
Title	AT	Title	PCFO
Name	MANGINE, ROBERT E JR.	Name	WESTER, DAVID A
Address	255 E FIFTH STREET SUITE 2600	Address	201 S BISCAYNE BLVD SUITE 400
City-State-Zip:	CINCINNATI OH 45202	City-State-Zip:	MIAMI FL 33131
Title	EVP	Title	VP GC
Name	PETTIT, PEGGY	Name	DALLOB, NAOMI C
Address	201 SOUTH BISCAYNE BLVD SUITE 400	Address	255 E FIFTH ST SUITE 2600
City-State-Zip:	MIAMI FL 33131	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 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: NAOMI C. DALLOB

VP GC

04/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date