

2017 FOREIGN LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B98000000603

Entity Name: VITAS HEALTHCARE OF TEXAS, L.P.**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:** 65-0866305**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

General Partner Detail :

Document # M01000000889
Name VITAS HOSPICE SERVICES, L.L.C.
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Document #
Name O'TOOLE, TIMOTHY S
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Document #
Name WESTER, DAVID A
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Document #
Name PETTIT, PEGGY
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Document #
Name LAWE, DIERDRE
Address 201 S BISCAYNE BLVD
SUITE 400
City-State-Zip: MIAMI FL 33131

Document #
Name DALLOB, NAOMI C
Address 255 E FIFTH ST
City-State-Zip: CINCINNATI OH 45202

Document #
Name MCNAMARA, TIMOTHY S
Address 255 E FIFTH STREET
SUITE 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 a general partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NAOMI DALLOB

SVC

04/20/2017

Electronic Signature of Signing General Partner Detail

Date