

2021 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 BISCAYNCE BLVD SUITE 400
City-State-Zip:	MIAMI FL 33131

Document #	
Name	MCNAMARA, TIMOTHY S
Address	255 E FIFTH STREET SUITE 2600
City-State-Zip:	CINCINNATI OH 45202

Document #	
Name	VITAS HOLDINGS CORPORATION
Address	255 E FIFTH ST SUITE 1050
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: NICHOLAS M. WESTFALL**PRESIDENT****04/14/2021**_____
Electronic Signature of Signing General Partner Detail_____
Date