

**2020 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:** AYOBAMI OMOJOLA**ACCOUNTANT****06/08/2020**\_\_\_\_\_  
Electronic Signature of Signing General Partner Detail\_\_\_\_\_  
Date