

Clerk of the House of Representatives
Legislative Resource Center
B-106 Cannon Building
Washington, DC 20515

Secretary of the Senate
Office of Public Records
232 Hart Building
Washington, DC 20510

SECRETAR

02 AUG

LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required To Complete This Page

1. Registrant Name Holland and Knight LLP			
2. Address <input type="checkbox"/> Check if different than previously reported 2099 Pennsylvania Avenue, NW, Suite 100, Washington, DC 20006			
3. Principal Place of Business (if different from line 2) City: Same as #2 State/Zip (or Country)			
4. Contact Name	Telephone	E-mail (optional)	5. Senate ID
Janet R. Studley	202-955-3000	jstudley@hklaw.com	18466-4
7. Client Name <input type="checkbox"/> Self			6. House ID
VITAS Healthcare Corporation			30825-0

TYPE OF REPORT 8. Year 2002 Midyear (January 1- June 30) OR Year End (July 1-Decer

9. Check if this filing amends a previously filed version of this report

10. Check if this is a Termination Report ⇒ Termination Date _____

11. No Lobbyir

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13

<p align="center">12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇒ \$ <u>80,000</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p align="center">13. Organization</p> <p>EXPENSES relating to lobbying activities for tl period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 ore more <input type="checkbox"/> ⇒ \$ _____ Expenses (near</p> <p>14. REPORTING METHOD. Check box to ind accounting method. See instructions for descriptie</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA de</p> <p><input type="checkbox"/> Method B. Reporting amounts under sectio of the Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under sectic Internal Revenue Code</p>
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Signature



Printed Name and Title: Janet R. Studley, Partner

Registrant Name: Holland & Knight LLP Client Name VITAS Healthcare Corporation

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. **Using a separate page for each code** information as requested. Attach additional page(s) as needed.

15. General issue area code MMM (one per page)

16. Specific lobbying issues

Legislation and policies affecting hospice care benefits

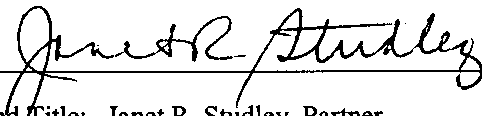
17. House(s) of Congress and Federal agencies contacted Check if None

United States House of Representatives
United States Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Janet R. Studley	
Robert H. Bradner	Chief of Staff and Counsel to The Honorable John Porter

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date August 2, 2002
Printed Name and Title: Janet R. Studley, Partner

Registrant Name _____ Client Name _____

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address
21. Client new principal place of business (if different from line 20)
City _____ State/Zip (or County) _____
22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

ISSUE UPDATE

24. General lobbying issues previously reported that **no longer** pertain

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal Place of Business (city and state or country)

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal Place of Business (city and state or country)	Amount of contribution for lobbying activities	Ownership interest

28. Name of each previously reported foreign entity that **no longer** owned, **or** controls, **or** is affiliated with the registrant or affiliated organization

Signature _____ Date _____

Printed Name and Title _____

