

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90276 003 \*\*\*\*50.00

**2004 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # L03000002755</b>  |  |   |   |
| 1. Entity Name<br>HEALTHTRUST, L.L.C.   |  |  |   |
| Principal Place of Business<br>1605 MAIN STREET<br>SUITE 610<br>SARASOTA, FL 34236  |  | Mailing Address<br>1605 MAIN STREET<br>SUITE 610<br>SARASOTA, FL 34236   |   |
| 2. Principal Place of Business  |  | 3. Mailing Address   |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State  |  | City & State   |   |
| Zip   |  | Zip  |   |
| Country   |  | Country  |   |
| 4. FEI Number<br>02-0668151   |  | Applied For<br>Not Applicable  |   |
| 5. Certificate of Status Desired <input type="checkbox"/>   |  | \$5.00 Additional Fee Required   |   |
| 6. Name and Address of Current Registered Agent<br>SCHEMBRI, JENIFER S<br>240 S. PINEAPPLE AVE.<br>10TH FLOOR<br>SARASOTA, FL 34236   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br>FL Zip Code |   |
| 8. 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2004   |  | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Senior Partner <input type="checkbox"/> Delete<br>Alan C.Plush<br>3500 Sunbeam Drive<br>Sarasota, FL 34240       | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Partner <input type="checkbox"/> Delete<br>Colleen H. Blumenthal<br>2604 Man of War Circle<br>Sarasota, FL 34240 | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Partner <input type="checkbox"/> Delete<br>W. Joseph Daniels<br>19820 Hiawatha Rd.<br>Odessa, FL 33556           | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Partner <input type="checkbox"/> Delete<br>David Rey Salinas<br>3007 Quail Hollow<br>Sarasota, FL 34235          | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes. |  |  |   |
| SIGNATURE:  Alan C. Plush  |  | 3/5/04 941.363.7501  |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   |  | Date Daytime Phone #   |   |