

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2005 8:00 am
Secretary of State

02-18-2005 90146 001 ***100.00

DOCUMENT # L03000002755

1. Entity Name
HEALTHTRUST, L.L.C.



Principal Place of Business

**1605 MAIN STREET
SUITE 610
SARASOTA, FL 34236**

Mailing Address

**1605 MAIN STREET
SUITE 610
SARASOTA, FL 34236**

30000488



01192005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

02-0668151

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**SCHEMBRI, JENIFER S
240 S. PINEAPPLE AVE.
10TH FLOOR
SARASOTA, FL 34236**

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IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SP
PLUSH, ALAN C
3500 SUNBEAM DRIVE
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
BLUMENTHAL, COLLEEN H
2604 MAN OF WAR CIR
SARASOTA, FL 34240**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
DANIELS, W. JOSEPH
19820 HIAWATHA RD.
OOESSA, FL 33556**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
SALINAS, DAVID REY
3007 QUAIL HOLLOW
SARASOTA, FL 34235**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Alan C. Plush

2/15/05

Date

9413637501

Daytime Phone #