

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002755

Entity Name: HEALTHTRUST, L.L.C.**Current Principal Place of Business:**6801 ENERGY CT
SUITE 200
SARASOTA, FL 34240**Current Mailing Address:**6801 ENERGY CT
SUITE 200
SARASOTA, FL 34240**FEI Number:** 02-0668151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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:** PAUL GOTTLIEB, VICE PRESIDENT

01/23/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	VICE PRESIDENT AND SECRETARY
Name	PLUSH, ALAN C	Name	BENSON, KRISTEN M.
Address	3500 SUNBEAM DRIVE	Address	191 NORTH WACKER DRIE SUITE 1200
City-State-Zip:	SARASOTA FL 34240	City-State-Zip:	CHICAGO IL 60606
Title	VICE PRESIDENT AND TREASURER	Title	PRESIDENT
Name	WITTMAN, LORI B	Name	LEWIS, RAYMOND J
Address	191 NORTH WACKER DRIVE SUITE 1200	Address	191 NORTH WACKER DRIVE SUITE 1200
City-State-Zip:	CHICAGO IL 60606	City-State-Zip:	CHICAGO IL 60606
Title	VP		
Name	TIMOTHY, DOMAN A		
Address	191 NORTH WACKER DRIVE SUITE 1200		
City-State-Zip:	CHICAGO IL 60606		

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 managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALAN C. PLUSH**MANAGER**

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date