

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000002755

Entity Name: HEALTHTRUST, L.L.C.**Current Principal Place of Business:**C/O SABRA HEALTH CARE REIT, INC.
18500 VON KARMAN AVENUE SUITE 550
IRVINE, CA 92612**Current Mailing Address:**C/O SABRA HEALTH CARE REIT, INC.
18500 VON KARMAN AVENUE SUITE 550
IRVINE, CA 92612 US**FEI Number:** 02-0668151**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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

03/25/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER	Title	CFO
Name	SABRA HEALTH CARE LIMITED PARTNERSHIP	Name	ANDREWS, HAROLD W. JR.
Address	C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE SUITE 550	Address	C/O SABRA HEALTH CARE REIT, INC. 18500 VON KARMAN AVENUE SUITE 550
City-State-Zip:	IRVINE CA 92612	City-State-Zip:	IRVINE CA 92612

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: ANDREWS , HAROLD W. , JR.

CFO

03/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date