2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2021
Secretary of State
9568196006CC

DOCUMENT# L17000029140

Entity Name: HEALTHTRUST MANAGEMENT LLC

Current Principal Place of Business:

2835 NW 84 TERRACE
COOPER CITY, FL 33024

Current Mailing Address:

2835 NW 84 TERRACE
COOPER CITY, FL 33024 US

FEI Number: 81-5397029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STECKLER, LONNIE
2835 NW 84 TERRACE
COOPER CITY, FL 33024 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	AMBR
Name	STECKLER, LONNIE
Address	2835 NW 84 TERRACE
City-State-Zip:	COOPER CITY FL 33024

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: LONNIE STECKLER REGISTERED AGENT 04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail — Date