2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2019
Secretary of State
9567215098CC

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Entity Name: HEALTHTRUST MANAGEMENT LLC

Current Principal Place of Business:

3989 SHERIDAN ST.
NUM. 142
HOLLYWOOD, FL 33021

Current Mailing Address:

3389 SHERIDAN ST.
142
HOLLYWOOD, FL 33021 US

FEI Number: 81-5397029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STECKLER, LONNIE
3389 SHERIDAN ST.
142
HOLLYWOOD, FL 33021 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	3389 SHERIDAN ST. 142
City-State-Zip:	HOLLYWOOD FL 33021

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 04/16/2019

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