

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000029140

Entity Name: HEALTHTRUST MANAGEMENT LLC

Current Principal Place of Business:

8715 SW 57 STREET
COOPER CITY, FL 33328

Current Mailing Address:

8715 SW 57 STREET
COOPER CITY, FL 33328 US

FEI Number: 81-5397029

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STECKLER, LONNIE
8715 SW 57 STREET
COOPER CITY, FL 33328 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 8715 SW 57 STREET
City-State-Zip: COOPER CITY FL 33328

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

MANAGING MEMBER

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date