


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # L03000023441 1. Entity Name HEALTHTRUST INVESTORS, L.L.C.	
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Principal Place of Business 1605 MAIN STREET, SUITE 610 SARASOTA, FL 34236	Mailing Address 1605 MAIN STREET, SUITE 610 SARASOTA, FL 34236
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DO NOT WRITE IN THIS SPACE

01192005No Chg-LLC CR2E083 (10/03)

4. FEI Number 20-0086491	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

SCHEMBRI, JENIFER S
240 S. PINEAPPLE AVENUE, 10TH FLOOR
SARASOTA, FL 34236

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SP PLUSH, ALAN C 3500 SUNBEAM DR. SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BLUMENTHAL, COLLEEN H 2604 MAN OF WAR CIR SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P DANIELS, W. JOSEPH 19820 HIAWATHA RD. ODESSA, FL 33556
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P SALINAS, DAVID REY 3007 QUAIL HOLLOW SARASOTA, FL 34235
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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02/15/05-80040-009 50.00

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  **2/14/05 941.363.7501**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #