2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Feb 18, 2005 8:00 am Secretary of State

DOCUMENT # L0400066608 1. Entity Name HEALTHTRUST INVESTORS I, L.L.C.					02-18-2005 90146 001 ***100.00			
Principal Place of Business 1605 MAIN STREET, SUITE 610 SARASOTA, FL 34236			Mailing Address 1605 MAIN STREET, SUITE 610 SARASOTA, FL 34236			•	30000489	1
2 Principal Pl	lace of Rusiness	3. Mailing Address						
2. Principal Place of Business						f EEMI CAOM OOMI OOMI OOM		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		01192005	Chg-LLC	CR2E083 (10/0	3)
City & State		City & State	City & State		4. FEI Number 20 ~	er 160287.	-2	Applied For Not Applicable
Zip	Country	Zip	Coun	try		of Status Desired		Additional
	6. Name and Address of Cu	urrent Registered Agent	!		7. Name and	Address of New R		
SCHEMBR	RI, JENIFER S			Name				
240 S. PIN	EAPPLE AVE., 10TH FLO A, FL 34236	OOR		Street Address	(P.O. Box Numb	er is Not Acceptable	9)	
				City			FL Zip C	Code
	named entity submits this staten ions of registered agent.	nent for the purpose of changing it	s registere	ed office or registe	red agent, or bo	th, in the State of Flo	orida. I am familiar w	ith, and accept
SIGNATURE _	Signature, typed or printed name of registere	ed agent and little if applicable. (NO	TE: Registered	d Agent signature require	d when reinstating)		DATE	
		<u> </u>						
	ling Fee is \$50.00 ue by May 1, 2005						e check payable t Department of S	
9.	ue by May 1, 2005	1EMBERS/MANAGERS	10.				Department of S	tate
9.	ue by May 1, 2005	MEMBERS/MANAGERS ☐ Delete	THE		5 h. Ala	Florida ADDITIONS/	Department of S	tate
9.	ue by May 1, 2005		TITLE NAME STRE	E P14. ET ADORESS 350	sh, Ala. osunbe	ADDITIONS/	CHANGES Chan	tate
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indicated on this report is no 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 companyor that receive or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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