

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 15, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000066608</b>	
1. Entity Name HEALTHTRUST INVESTORS I, L.L.C.	

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**



02082007No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1602872	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

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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 \_\_\_\_\_ (NOTE Registered Agent signature required when reinstating) DATE \_\_\_\_\_

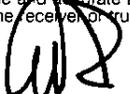
**Filing Fee is \$50.00  
Due by May 1, 2007**

U00000637621  
02/26/07-80069-002 100.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SP PLUSH, ALAN C 3500 SUNBEAM DRIVE SARASOTA, FL 34240
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  Date: 2/12/07 Daytime Phone #: 941.363.7501

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