

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000086298

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**Entity Name:** HEALTHTRUST OPTIONS, LLC

**Current Principal Place of Business:**

10039 MONTAGUE STREET  
TAMPA, FL 33626

**New Principal Place of Business:**

10033 TATE LANE  
TAMPA, FL 33626

**Current Mailing Address:**

10039 MONTAGUE STREET  
TAMPA, FL 33626

**New Mailing Address:**

10033 TATE LANE  
TAMPA, FL 33626

**FEI Number:** 26-3336006

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHULTZ, BRYAN  
10039 MONTAGUE STREET  
TAMPA, FL 33626 US

**Name and Address of New Registered Agent:**

SCHULTZ, BRYAN  
10033 TATE LANE  
TAMPA, FL 33626 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: BRYAN SCHULTZ

04/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHULTZ, BRYAN  
Address: 10033 TATE LANE  
City-St-Zip: TAMPA, FL 33626

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: BRYAN SCHULTZ

MGRM

04/29/2010

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date