

L17000206098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

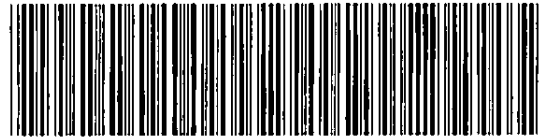
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TALLAHASSEE, FL

AP
3/12/26

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: HealthTrust LLC
Name of Corporation

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SECRETARY OF STATE
TALLAHASSEE, FL

DOCUMENT NUMBER: L17000206098

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne DePerty
Name of Contact Person
HealthTrust LLC
Firm/Company
6801 Energy Court, Suite 200
Address
Sarasota FL 34240
City/State and Zip Code
anne.deperty@healthtrust.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Anne DePerty at (941) 363-7503
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: HealthTrust LLC

2. The principal office address: 6801 Energy Court, Suite 200, Sarasota FL 34240

3. The mailing address (if different): _____

4. Date of incorporation/qualification: 10/5/17 Document number: 117000206098

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

COMPTON, JENNIFER B
240 S. PINEAPPLE AVE., 10TH FLOOR
SARASOTA, FL 34236

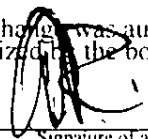
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Alan C Plush
6801 Energy Court, Suite 200
Sarasota FL 34240
P.O. Box NOT acceptable

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The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.




Signature of an officer or director

Alan C Plush

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

11/24/25

Date

If signing on behalf of an entity:
Alan C Plush

Typed or Printed Name

***** FILING FEE: \$35.00 *****



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 23, 2026

ANNE DEPERTY
6801 ENERGY COURT
SUITE 200
SARASOTA, FL 34240

SUBJECT: HEALTHTRUST, LLC
Ref. Number: L17000206098

We have received your document for HEALTHTRUST, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

YOU DID NOT PUT A FILE DATE ON YOUR AMENDMENT FORM.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Anissa Butler
Regulatory Specialist II

Letter Number: 726A00003620

