

FILE NOW: Fee after May 1, will be \$588.75

HTA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 APR 17 AM 8:57

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75 **Make Check Payable To: FLORIDA DEPARTMENT OF STATE**

1 Name and Mailing Address of Limited Liability Company **DOCUMENT #L96000001296**

HEALTHTRUST AMERICA, L.L.C.
2595 SHERIDAN STREET
SUITE 208
HOLLYWOOD FL 33021

1a. Principal Place of Business Address
3595
2595 SHERIDAN STREET
SUITE 208
HOLLYWOOD FL 33021

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2 Principal Place of Business 3595 SHERIDAN ST Suite, Apt. #, etc. SUITE 208 City & State HOLLYWOOD, FL Zip 33021 Country USA		2a. Mailing Address 3595 SHERIDAN ST Suite, Apt. #, etc. SUITE 208 City & State HOLLYWOOD, FL Zip 33021 Country USA		3. Date Organized or Qualified 12/12/1996		3a. State of Formation FL	
				4. FEI Number 65-0712582		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report		6. Certificate of Status Desired See Additional Fee Required <input type="checkbox"/>	

7. Name and Address of Current Registered Agent

RAFOFSKY, HARVEY
3595 SHERIDAN STREET
SUITE 208
HOLLYWOOD FL 33021

8. Name and Address of New Registered Agent

Name
LLOYD BOGGIO
Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD
Suite, Apt. #, etc.
PENT HOUSE
City
CORAL GABLES
FL
Zip Code
33134

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepts Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	RAFOFSKY, HARVEY	3595 2595 SHERIDAN STREET	HOLLYWOOD FL
MGRM	MARCUS, STEWART	3595 2595 SHERIDAN STREET	HOLLYWOOD FL
MGRM	BOGGIO, LLOYD J	3595 2595 SHERIDAN STREET	HOLLYWOOD FL
MEM	MARCUS, JANE	3595 2595 SHERIDAN STREET	HOLLYWOOD FL
MEM	BOGGIO, NANCY	3595 2595 SHERIDAN STREET	HOLLYWOOD FL

300002149813--1
-04/21/97--01169--003
****203.75 ****203.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #