

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1998



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

**FILED** *W 4/20*  
98 APR 17 PM 12:28

**FILING FEE \$ 188.75** Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee  
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

HEALTHTRUST AMERICA, L.L.C.  
3595 SHERIDAN STREET  
SUITE 208  
HOLLYWOOD FL 33021

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

2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	3a. State of Formation
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/12/1996	FL
City & State		City & State		4. FEI Number	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	65-0712582	5. Date of Last Report
				04/17/1997	8. Certificate of Status Desired <input type="checkbox"/> SR 75: Additional Fee Required

7. Name and Address of Current Registered Agent  
**BOGGIO, LLOYD**  
2121 PONCE DELEON BLVD  
PENTHOUSE  
CORAL GABLES FL 33134

8. Name and Address of New Registered Agent/Office  
Name: **RAFOFSKY, HARVEY**  
Street Address (P.O. Box Number is Not Acceptable): **3595 SHERIDAN STREET**  
Suite, Apt. #, etc.: **SUITE 208**  
City: **HOLLYWOOD**  
Zip Code: **33021**  
Phone: **500002497705--7**  
**04/23/98 01049-034**  
**FL 188.75 188.75**

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: *Harvey Rafofsky* DATE: \_\_\_\_\_  
(Registered Agent Accepting 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 SHERIDAN STREET	HOLLYWOOD FL
MGRM	MARCUS, STEWART	3595 SHERIDAN STREET	HOLLYWOOD FL
<del>MGRM</del>	<del>BOGGIO, LLOYD J</del>	<del>3595 SHERIDAN STREET</del>	<del>HOLLYWOOD FL</del>
MEM	MARCUS, JANE	3595 SHERIDAN STREET	HOLLYWOOD FL
<del>MEM</del>	<del>BOGGIO, NANCY</del>	<del>3595 SHERIDAN STREET</del>	<del>HOLLYWOOD FL</del>

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *Harvey Rafofsky*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #