2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

D.C. C		20004000	•		<u>-</u>	ĥ	ILED			
		00001296				,				
1. Entity Name HEALTHTRUST AMERICA, L.L.C.						00 MAY +2 AM 11:24				
	•					SECRETA	RY OF ST	ATF		
Balanta (B)		NA The Address of				SECRETA TALLAHAS	SSEE, FĽĊ	RIŌA		
Principal Plac 3595 SHERIDA	e of Business	Mailing Address 3595 SHERIDAN STREET						•		
SUITE 208	NA OTREE	SUITE 208								
HOLLYWOOD	FL 33021	HOLLYWOOD FL 33021-3	657		ļ	 	 		(8)18 6111 1881	
	· ,									
	lace of Business	3. Mailing Address SAM	o_		ļ	1 1996 1991 1915 1916	••111 ••11 1	, craca (181 8)		
3225 Aviation Ave Same Suite, Apt. #, etc. Suite, Apt. #, etc.						DO NOT WR		TE IN THIS SPACE		
700									_ E + < F	
City & Stat	ut Grove, FL	City & State			4. FEI1	Number 65-0712582	?	_ 	plied For t Applicable	
Zip	Country	Zip	Coun	itry		Single of Chattan Desire	\$ <u>.</u>	5.00 Add		
33/3	3 USA		<u></u>	T		ficate of Status Desired	L Èe	e Required		
	_6. Name and Address of Curren	t Registered Agent	·-·	Name	7 Nam	e and Address of New F	legistered Age	ent ·		
FAFOFSK	y, harvey						. \			
	RIDAN STREET			Street Add	lress (P.O. Box N ら、Aレバみ	lumber is Not Acceptable アルハ Avenu	e Ste	J 00	•	
SUITE 208					<u> </u>					
HOLLYWC	00D-FL-33021 -		City CoconuT Grove			FL	Zip Code	9 _		
O The element		into-	ered office or registered agent, or both, in the State of F				33/3	33		
b. The above	named entity submits this statement i	or the purpose of changing its	s registeri	ed office of re	gistered agent,	or both, in the State of Fit	Dilua.			
SIGNATURE .			•		•		0.475			
	Signature, typed or printed name of registered ager	t and title if applicable. (NOT	E Registere	d Agent signature	required when reinstat	ing)	DATE			
		FILE N	OW!!! I	FEE IS \$50	0.00					
•		Make Check Pa	ayable t	o Departmo	ent of State)				
9.	MANAGING MEM	BERS/MEMBERS	10.			ADDITIONS	/CHANGES			
TITLE	MGRM	☐ Delate	TITL	E			₹.	Sirange	Addition	
NAME	RAFOFSKY, HARVEY		NAM		2225	AVIATION AVE	. #70U			
STREET ADDRESS CITY-ST-ZIP	3595 SHERIDAN STREET HOLLYWOOD FL 33021			ET ADDRESS - ST- ZIP	COCONU	T Grove, FL.	33/33			
TITLE	MGRM		TITL					Change	Addition	
NAME	MARCUS, STEWART		NAM			Aviation Ave				
STREET ADDRESS	3595 SHERIDAN STREET	·		ET ADDRESS	3225	T-GROVE-F	/	<u> </u>		
CITY- 8T- ZIP TITLE	HOLLYWOOD FL 33021 MEM		TITU		·	.,		Change	Addition	
NAME	MARCUS, JANE		NAM		4	iation Aue.), cirminge	<u> </u>	
STREET ADDRESS	3595 SHERIDAN STREET			EET ADDRESS	3225 AV	T GROVE, FL.	27/23			
CITY-ST-ZIP	HOLLYWOOD FL 33021		-	- 8T- ZIP	COCOAU					
TITLE Name		☐ Detete	TITLI	- {			L	_ Change	Addition	
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NAME STREET ADDRESS				ET ADDRESS					÷	
CITY- ST- ZIP			CITY	- ST - ZIP						
TITLE		Delete	TITL	-			[_ Change	Addition	
NAME STREET ADDRESS	*, ·	•	NAM Stre	EET ADDRE88						
CITY-ST-ZIP	, .			- 8T- ZIP						
11. I hereby o	certify that the information supplied wi	th this filing does not qualify fo	r the exe	mption stated	I in Section 119.	07(3)(i), Florida Statutes.	I further certify	that the ir	nformation	
indicated limited lia	on this report is true and accurate an bility company or the receiver or truste	d that my signature shall have se empowered to execute this	the same report as	e legal effect : s required by l	as if made unde Chapter 608, Flo	r oath; that I am a mana orida Statutes.	ging member o 	r manage	r of the	
		and the second								
SIGNAT	URE:	FORE PEQUI				1//25/00 Date	(305	12600	4 —	
J. W. 1771	SIGNATURE AND TYPED OR PL	RINTED NAME OF SIGNING MANAGING	MEMBER (OR MANAGER		Date	Daytı	ne Phone #		