

2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

00 MAY -2 AM 11:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

0001841 AF

DOCUMENT # L96000001296

1. Entity Name
HEALTHTRUST AMERICA, L.L.C.

Principal Place of Business

3595 SHERIDAN STREET
SUITE 208
HOLLYWOOD FL 33021

Mailing Address

3595 SHERIDAN STREET
SUITE 208
HOLLYWOOD FL 33021-3657



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3225 AVIATION AVE
Suite, Apt. #, etc.
700

3. Mailing Address

SAME

City & State

COCONUT GROVE, FL

City & State

4. FEI Number

65-0712582

Applied For
Not Applicable

Zip

33133

Country

USA

Zip

Country

5. Certificate of Status Desired

☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FAFOFSKY, HARVEY

3595 SHERIDAN STREET
SUITE 208
HOLLYWOOD FL 33021

Name

Street Address (P.O. Box Number is Not Acceptable)

3225 AVIATION AVENUE STE. 700

City

COCONUT GROVE

FL

Zip Code

33133

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
RAFOFSKY, HARVEY
3595 SHERIDAN STREET
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
3225 AVIATION AVE. #700
COCONUT GROVE, FL. 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MGRM
MARCUS, STEWART
3595 SHERIDAN STREET
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
3225 AVIATION AVE. #700
COCONUT GROVE, FL. 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
MEM
MARCUS, JANE
3595 SHERIDAN STREET
HOLLYWOOD FL 33021 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
3225 AVIATION AVE. #700
COCONUT GROVE, FL. 33133 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
000003260820--0
-05/13/00--01133-017 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
****\$50.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
☐ Change ☐ Addition

11. I 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 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.

SIGNATURE:

SIGNATURE REQUIRED

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

Date

Daytime Phone #

4/25/00

(305) 266-4444

CR2E083 (9/99)