

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001296

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

FILED  
Apr 17, 2007  
Secretary of State

**Current Principal Place of Business:**

4101 RAVENSWOOD RD SUITE 130  
DANIA, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

4101 RAVENSWOOD RD SUITE 130  
DANIA, FL 33312

**New Mailing Address:**

FEI Number: 65-0712582

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

RAFOFSKY, HARVEY  
4101 RAVENSWOOD RD, STE 130  
DANIA, FL 33312 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RAFOFSKY, HARVEY  
Address: 4101 RAVENSWOOD RD, STE 130  
City-St-Zip: DANIA, FL 33312

Title: MGRM (X) Delete  
Name: MARCUS, JANE  
Address: 3250 MARY STREET 5TH FLOOR  
City-St-Zip: COCONUT GROVE, FL 33133

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: HARVEY RAFOFSKY

D

04/17/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date