


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

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company		<b>DOCUMENT #</b> L96000001297			
HEALTHTRUST MEDICAL, L.L.C. 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134		1a. Principal Place of Business Address 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		12/12/1996	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0712583	
Country		Country		5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				58.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent		
GONZALEZ, LUIS 2121 PONCE DE LEON BLVD. CORAL GABLES FL 33134			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code <b>FL</b>		
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 Accepting Appointment) (NOTE: Registered Agent's signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	GONZALEZ, LUIS	2121 PONCE DE LEON BLVD.		CORAL GABLES FL	
MGR	RAFOFSKY, HARVEY	2121 PONCE DE LEON BLVD.		CORAL GABLES FL	
MGR	MARCUS, STEWART	2121 PONCE DE LEON BLVD.		CORAL GABLES FL	
MGR	BOGGIO, LLOYD J	2121 PONCE DE LEON BLVD.		CORAL GABLES FL	
MEM	MARCUS, JANE	2121 PONCE DE LEON BLVD.		CORAL GABLES FL	
MEM	BOGGIO, NANCY	2121 PONCE DE LEON BLVD.		CORAL GABLES FL	
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.					
<b>SIGNATURE:</b> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER					
Date <u>4/15/97</u> Daytime Phone <u>97-8158</u>					

FILED

97 APR 21 AM 7:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

50000215515-1  
-04/25/97-01031-009  
\*\*\*\*203.75 \*\*\*\*203.75

984-22-97