

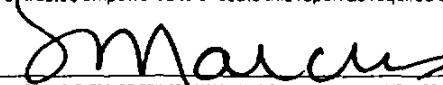


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 of 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE \$ 188.75</b>		<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # L96 000001297</b>  HEALTHTRUST MEDICAL, 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  Suite, Apt. #, etc.  City & State  Zip	2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip	3. Date Organized or Qualified  12/12/96	3a. State of Formation  FLORIDA
		4. FEI Number  65-0712583	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report  4/17/98	6. Certificate of Status Desired  \$8.75 Additional Fee Required <input checked="" type="checkbox"/>
7. Name and Address of Current Registered Agent  RAFOFSKY, HARVEY 3595 SHERIDAN STREET SUITE 208 HOLLYWOOD, FL 33021		8. Name and Address of New Registered Agent/Office  Name STEWART MARCUS Street Address (P.O. Box Number is Not Acceptable) 3595 SHERIDAN STREET Suite, Apt. #, etc. SUITE 208 City HOLLYWOOD FL Zip Code 33021	
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 5/17/99 <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when resigning.)</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	RAFOFSKY, HARVEY	3595 SHERIDAN STREET	HOLLYWOOD, FL 33021
MGR	MARCUS, STEWART	3595 SHERIDAN STREET	HOLLYWOOD, FL 33021
MEM	MARCUS, JANE	3595 SHERIDAN STREET	HOLLYWOOD, FL 33021
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 I 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.   MEMBER 5-15-99 305-860-8188 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small>			



FILED

60 JUN 15 00 5:00

REGISTERED MAIL  
JUN 15 1999

April 19, 1999

Ms. Katherine Harris  
Secretary of State  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, Florida 32314

Dear Ms. Harris:

Enclosed you will find a check in the amount of \$377.50 for HealthTrust Medical, LLC for the years 1998 and 1999. We did not receive a notice from the State of Florida in 1998 concerning the registration fee for HealthTrust Medical, LLC.

We have numerous other corporations and partnerships and paid the registration fees in 1998 for all of them on a timely basis. We ask that since no form was received on this company that you please waive the \$500 reinstatement fee for HealthTrust Medical, LLC.

Sincerely,

A handwritten signature in black ink, appearing to read "Peter F. Fagan", written over a horizontal line.

Peter F. Fagan  
Senior Vice President - Finance

PFF/ile

Enclosure