

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **L96000001297**

1. Entity Name **HEALTHTRUST MEDICAL, L.L.C.**

*Services*  
*name change 1-1-01*

Principal Place of Business  
**3225 AVIATION AVENUE, SUITE 700  
CONONUT GROVE FL 33133**

Mailing Address  
**3225 AVIATION AVENUE, SUITE 700  
CONONUT GROVE FL 33133**

APPROVAL  
AND  
FILED

01 MAY 18 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0712583**

Applied For

Not Applicable

Zip

Country

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

**MARCUS, STEWART  
3225 AVIATION AVENUE, SUITE 700  
COCONUT GROVE FL 33133**

Name

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

City

**FL**

Zip Code

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 **MGR** ☐ Delete  
NAME **RAFOFSKY, HARVEY**  
STREET ADDRESS **3225 AVIATION AVENUE, SUITE 700**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

☐ Change ☐ Addition  
**600004419316--1**  
**-06/14/01--01023--025**  
**\*\*\*\*100.00 \*\*\*\*\*50.00**

TITLE **MGR** ☐ Delete  
NAME **MARCUS, JANE**  
STREET ADDRESS **3225 AVIATION AVENUE, SUITE 700**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

☐ Change ☐ Addition

TITLE **MGR** ☐ Delete  
NAME **MARCUS, STEWART**  
STREET ADDRESS **3225 AVIATION AVENUE, SUITE 700**  
CITY-ST-ZIP **COCONUT GROVE FL 33133**

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**\$50.00** ☐ Change ☐ Addition

TITLE ☐ Delete  
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:

*Stewart Marcus*

**4/27/01 (305) 860-8188**

SIGNATURE AND TITLE OF REGISTERED AGENT, MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)