

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State

05-13-2002 90106 005 ****55.00

DOCUMENT # E96000001297

1. Entity Name

HEALTHTRUST SERVICES, L.L.C.

Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

4101 RAVENSWOOD RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 120

City & State

City & State

DANIA FL

Zip

Country

Zip

33312

Country

USA

4. FEI Number

65-0712583

Applied For

Not Applicable

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

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

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

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

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

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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]* **DIRECTOR 4/30/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)