2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2004
Secretary of State

DOCUMENT# L96000001297

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

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

Current Mailing Address:	**New Mailing Address:**
4101 RAVENSWOOD ROAD SUITE 130 DANIA, FL 33312 US	

FEI Number: 65-0712583   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired (X)

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**
RAFOFSKY, HARVEY 4101 RAVENSWOOD ROAD 130 DANIA, FL 33312 US	

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/MEMBERS: **ADDITIONS/CHANGES:**

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	RAFOFSKY, HARVEY	Name:	
Address:	3225 AVIATION AVENUE, SUITE 700	Address:	
City-St-Zip:	COCONUT GROVE, FL 33133	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MARCUS, JANE	Name:	
Address:	3225 AVIATION AVENUE, SUITE 700	Address:	
City-St-Zip:	COCONUT GROVE, FL 33133	City-St-Zip:	

Title:	MGR ( ) Delete	Title:	( ) Change ( ) Addition
Name:	MARCUS, STEWART	Name:	
Address:	3225 AVIATION AVENUE, SUITE 700	Address:	
City-St-Zip:	COCONUT GROVE, FL 33133	City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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   MGR   03/10/2004

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