


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2008 8:00 am
Secretary of State

02-22-2008 90010 011 ***150.00

DOCUMENT # P04000146645	
1. Entity Name HEALTHTRUST CANADA, INC.	

Principal Place of Business 1605 MAIN STREET STE 610 SARASOTA, FL 34236	Mailing Address 1605 MAIN STREET STE 610 SARASOTA, FL 34236
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40029866

2. Principal Place of Business - No P.O. Box # 6801 Energy Court	3. Mailing Address 6801 Energy Court
Suite, Apt. #, etc. Suite 200	Suite, Apt. #, etc. Suite 200
City & State Sarasota, FL	City & State Sarasota, FL
Zip 34240	Country U.S

02012008 Chg-P CR2E034 (12/06)

4. FEI Number 20-1792296	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent SCHEMBRI, JENIFER S 240 S. PINEAPPLE AVE 10TH FLOOR SARASOTA, FL 34236	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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. I am familiar with, and accept the obligations of registered agent.

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 \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLUSH, ALAN C 1605 MAIN STREET STE 610 SARASOTA, FL 34236 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alan C. Plush

2/18/08

Date

941 350 5737

Daytime Phone #