

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P93000031048 (0)**

1. Corporation Name  
**HEALTH TRUST, INC.**



Principal Place of Business: **250 VALENCIA AVE. CORAL GABLES FL 33134**  
Mailing Address: **250 VALENCIA AVE. CORAL GABLES FL 33134**

3. Date Incorporated or Qualified: **04/28/1993**  
3a. Date of Last Report: **07/07/1995**

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country  
25. Country, Zip, Country

4. FEI Number: **65-0437308**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MILLER, GEORGE  
250 VALENCIA AVENUE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title, if applicable) (Note: Registered Agent signature required when registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	DP	<input type="checkbox"/> DELETE
NAME	MILLER, GEORGE	
STREET ADDRESS	250 VALENCIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	BERKOWITZ, JOEL	
STREET ADDRESS	250 VALENCIA AVE.	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HENNESSY, DAVID C	
STREET ADDRESS	22481 PLEASANT PARK ROAD	
CITY-ST-ZIP	CONIFER CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/P/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GEORGE D. MILLER	
1.3 STREET ADDRESS	250 VALENCIA AVE	
1.4 CITY-ST-ZIP	CORAL GABLES FL 33134	
2.1 TITLE	D/V/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOEL S. BERKOWITZ	
2.3 STREET ADDRESS	2115 KNAAB DRIVE	
2.4 CITY-ST-ZIP	BOZEMAN MT 59715	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LYNDA MAHONEY	
4.3 STREET ADDRESS	4815 S PINE ROAD	
4.4 CITY-ST-ZIP	EVERGREEN CO 80439	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lynda Mahoney LYNDA MAHONEY 03/15/96 303/697-8400  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (12/95)