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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000031048

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

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90025 008 ***158.75

HEALTH	TRUST, INC.							
Principal Place	e of Business	Mailing Address			וי אופה אווו פחוםו שוו והפונפטו ו	, 101		1801 1811 1881
250 VALENCIA	AVE.	250 VALENCIA AVE.						
CORAL GABLES FL 33134 CORAL GABLES FL 33134			DO NOT WRITE IN THIS SPACE					
					Date Incorporated or Qualifed			
					04/28/1993			
	15	2a. Mailing Address			4. FEI Number		Ann	lied For
_ ′	lace of Business	⊢			65-0437308		\rightarrow	Applicable
21 Suite Ast	# ata	Suite, Apt. #, etc.				\$	8.75 A	
Suite, Apt.	#, BIC.	27			5. Certifcate of Status Desired	.t□	Fee Req	
City & State	9	City & State			6. Election Campaign Financing		5.00 N	tov Bo
—	io.	28			Trust Fund Contribution		Added to	
Zip	Country	Zip	Co	ountry	8. This corporation owes the cur	rent year Intangit	ole	
24	25	29	30		Personal Property Tax.	, D		⊒No ∣
241	9. Name and Address of Curr				10. Name and Address of New	Registered Ager	nt	
				81 Name				
	.ER, GEORGE VALENCIA AVENUE			82 Street	Address (P.O. Box Number is Not Accept	able)	_	
	RAL GABLES FL 33134			83	· · · · ·			·
				84 City		FL 8	5 Zip Co	ode
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida S	atutes, the	above-named	corporation submits this statement for the	purpose of char	nging its r	egistered
	registered agent of both to the Sta	to of Fiorida Such channe w	ลร อเมากกทวง	ea oy me coma	oration's board of directors. I hereby acce	pt the appointme	nt as regi	Istered
office or r	m familiar with, and accept the obli	gations of, Section 607.0505	Florida Sta	atutes.				
office or r	m familiar with, and accept the obli	gations of, Section 607.0505	Fionda Sta	atutes.				
office or n agent. I a	m familiar with, and accept the obli-	gations of, Section 607.0505	FIORIDA STA	atutes. red Agent signature r	equired when reinstating)	DATE	IRECTOR	
office or reagent. I a SIGNATURE	m familiar with, and accept the obligonature, typed or printed name of registered a OFFICERS A	gations of, Section 607.0505	NOTE: Register	red Agent signature r		DATE FICERS AND D	RECTOR	
office or ragent. I as SIGNATURE	m familiar with, and accept the obligation of registered a OFFICERS A	gations of, Section 697.0505 agent and title if applicable. (AND DIRECTORS	NOTE: Register 13	red Agent signature r 3. TITLE	equired when reinstating)	DATE FICERS AND D		RS IN 12
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6.4 CITY-ST-ZIP CITY-ST-ZIP 14. 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 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 an attachment with an address, with all other like empowered.

SIGNATURE

PED DR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID C. HENNESSY

303-697-8400