

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**

05-24-2001 90321 006 \*\*\*150.00

DOCUMENT # **P93000031048**

1. Entity Name

**Health Trust, Inc.**

Principal Place of Business

**250 Valencia Ave  
 Coral Gables, FL  
 33134**

Mailing Address

**250 Valencia Avenue  
 Coral Gables, FL  
 33134-5906**

✓  
**553241**

2. Principal Place of Business

**1828-B North University Dr.  
 Suite, Apt. #, etc.**

3. Mailing Address

**1828-BN. University Dr.  
 Suite, Apt. #, etc.**

DO NOT WRITE IN THIS SPACE

City & State

**Plantation, FL  
 33322  
 USA**

City & State

**Plantation, FL  
 33322  
 USA**

4. FEI Number

**65-0437308**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**Miller, George  
 250 Valencia Avenue  
 Coral Gables, FL 33134**

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**1828-B. North University Dr.**  
 City **Plantation** FL Zip Code **33322**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> Delete
NAME	<b>George D. Miller</b>	
STREET ADDRESS	<b>250 Valencia Ave.</b>	
CITY-ST-ZIP	<b>Coral Gables, FL</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> Delete
NAME	<b>Joel S. Berkowitz</b>	
STREET ADDRESS	<b>303 Ivy Lane</b>	
CITY-ST-ZIP	<b>Weston, FL 33326</b>	
TITLE	<b>Hennessy, David</b>	<input type="checkbox"/> Delete
NAME	<b>Hennessy, David</b>	
STREET ADDRESS	<b>22421 Pleasant Park Rd.</b>	
CITY-ST-ZIP	<b>Conifer, CO 80433</b>	
TITLE	<b>Tammy L. Schmac</b>	<input type="checkbox"/> Delete
NAME	<b>Tammy L. Schmac</b>	
STREET ADDRESS	<b>11074 Kennedy Avenue</b>	
CITY-ST-ZIP	<b>Conifer, CO 80433</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11:

TITLE	<b>DPT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>George Miller</b>	
STREET ADDRESS	<b>1828-B North University Dr.</b>	
CITY-ST-ZIP	<b>Plantation, FL 33322</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Hennessy, David</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Hennessy, David</b>	
STREET ADDRESS	<b>11873 Spring Road, Sk #10</b>	
CITY-ST-ZIP	<b>Conifer, CO 80433</b>	
TITLE	<b>Tammy L. Schmac</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Tammy L. Schmac</b>	
STREET ADDRESS	<b>11873 Spring Rd. Sk #10</b>	
CITY-ST-ZIP	<b>Conifer, CO 80433</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 or supplemental report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report, or on an attachment with an address, with another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER < DIRECTOR

**Tammy L. Schmac**  
 Date **4-23-01** Daytime Phone # **303-838-1100**

CR2E034 (1/1/00)