

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90102 001 *1,200.00

DOCUMENT # P93000031048

1. Entity Name

HEALTH TRUST, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

SARA MILLER

3. Mailing Address

SARA MILLER

Suite, Apt. #, etc.

9430 NW 16 STREET

Suite, Apt. #, etc.

9430 NW 16 STREET

City & State

PLANTATION, FL

City & State

PLANTATION, FL

4. FEI Number

650437308

Applied For

Not Applicable

Zip

33322

Country

US

Zip

33322

Country

US

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

SARA MILLER

Street Address (P.O. Box Number is Not Acceptable)

9430 NW 16 STREET

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) ☐

**January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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	NAME	STREET ADDRESS	CITY - ST - ZIP
P	JOEL S. BERKOWITZ	24 HEARTHSTONE DR	ASHVILLE, NC 28803
VP	DAVID C. HENNESSY	11873 SPRING RD STE 10	CONIFER, CO 80433

**DO NOT WRITE
IN THIS SPACE**

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 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID HENNESSY

Date

4/24/02

Daytime Phone #

303-838-1400

CR2E034B (12/01)