


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 12, 2007 08:00 AM
Secretary of State

DOCUMENT # L00000000122 1. Entity Name HEART O'CONWAY, L.C.	
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Principal Place of Business 3221 S. CONWAY ROAD, SUITE B ORLANDO, FL 32812	Mailing Address C/O BRAD W. ARENZ, D.M.D. 3221 S. CONWAY RD., STE. B ORLANDO, FL 32812
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03012007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3622460	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent ARENZ, BRAD W D.M.D. 3221 S. CONWAY ROAD, SUITE B ORLANDO, FL 32812
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**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARENZ, BRAD W D.M.D. 3221 S. CONWAY ROAD, SUITE B ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PIRINO, RAYMOND D.M.D. 3221 S. CONWAY ROAD, SUITE A ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HICKS, TOBERT G D.M.D. 3221 S. CONWAY ROAD, SUITE D ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OVERMEYER, THOMAS G D.M.D. 3221 S. CONWAY ROAD, SUITE C ORLANDO, FL 32812
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/22/07-80021-005 50.00

**DO NOT WRITE
IN THIS SPACE**

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3-1-07 407-273-1468