

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90037 006 ****50.00

DOCUMENT # L01000002195

1. Entity Name
IMC-HEARTWAY, L.L.C.



Principal Place of Business
6140 MID METRO DR.
SUITE 6
FT. MYERS, FL 33912

Mailing Address
6140 MID METRO DR.
SUITE 6
FT. MYERS, FL 33912

20050545



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04272005 Chg-LLC CR2E083 (10/03)

City & State

City & State

4. FEI Number
65-1074802

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RIVERA, JUAN-CARLOS
6140 MID METRO DRIVE SUITE 6
FT. MYERS, FL 33912

Name DING HUEI CHEN

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

6140 MID METRO DR. #6

City FORT MYERS, FL Zip Code 33912

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 DING HUEI CHEN / DING HUEI CHEN 4/26/05
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, 2005

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☒ Delete
NAME RIVERA, JUAN CARLOS
STREET ADDRESS 6140 MID METRO DR.
CITY-ST-ZIP FT. MYERS, FL 33912

TITLE PRESIDENT (MEM) ☒ Change ☒ Addition
NAME DING HUEI CHEN
STREET ADDRESS 6140 MID METRO DR. SUITE 6
CITY-ST-ZIP FORT MYERS, FL 33912

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. 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 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: DING HUEI CHEN / DING HUEI CHEN 4/26/05 239-275-6767
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #