

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90029 036 ****50.00

DOCUMENT # L01000002195

1. Entity Name

IMC-HEARTWAY, L.L.C.



Principal Place of Business

Mailing Address

6140 MID METRO DR.
SUITE 6
FT. MYERS FL 33912

6140 MID METRO DR.
SUITE 6
FT. MYERS FL 33912

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



IMC-Heartway, L.L.C.
13050 Metro Parkway,
Fort Myers, FL. 33966

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13050 Metro Parkway,
Fort Myers, FL. 33966

1st MOORE

CR2E083 (10/06)

i. FEI Number 65-1074802 Applied For
Not Applicable

i. 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

CHEN, DING HUEI

~~6140 MID METRO DRIVE SUITE 6~~
~~FT. MYERS FL 33912~~

Name

13050 Metro Parkway

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

BAY 5

City

FT. MYERS

FL

Zip Code

33966

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

APR. 23, 2007

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM CHEN, DING HUEI ☐ Delete
STREET ADDRESS 6140 MID METRO DR, STE 6
CITY - ST - ZIP FT. MYERS FL 33912

TITLE NAME 13050 Metro Parkway, BAY 5 ☒ Change ☐ Addition
STREET ADDRESS Fort Myers, FL. 33966
CITY - ST - ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

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

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *DING HUEI CHEN*

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

Date

Daytime Phone #