


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0018512

DOCUMENT # L01000002195

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



FILED

2003 SEP 29 PM 12:11

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

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 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **65-1074802** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City **FL** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RIVERA, JUAN CARLOS 6140 MID METRO DR. FT. MYERS FL 33912 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400023401784 <input type="checkbox"/> Change <input type="checkbox"/> Addition 09/29/03--01073--006 **50.00
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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: *[Signature]* 9/19/03 239-275-6969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)