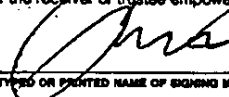


FILED
Mar 02, 2005 8:00 am
Secretary of State

01-24-2005 90104 034 ****50.00

2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT

30000768

DOCUMENT # L04000068260			
1. Entity Name DXHEART LLC			
Principal Place of Business 601 OAK COMMONS BOULEVARD KISSIMMEE, FL 34741		Mailing Address 601 OAK COMMONS BOULEVARD KISSIMMEE, FL 34741	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
		01052005 Chg-LLC CR2E083 (10/03)	
4. FEI Number 20-1643393		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent MATHIAS, PATRICK F 601 OAK COMMONS BOULEVARD KISSIMMEE, FL 34741		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 reappointing) 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 NAME STREET ADDRESS CITY - ST - ZIP	JAS Family Limited Partnership ☐ Delete 9848 Kilgore Road Orlando, FL 32836	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	H. Mathias, LTD ☐ Delete 3916 Hunters Isle Dr. Orlando, FL 32837	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Rodolfo E Aldir, M.D. ☐ Delete Barbara Aldir 8143 Berkshire Drive Orlando, FL 32835	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Thomas V. Kim, M.D. ☐ Delete Clement Kim 909 Spring Park Loop Celebration, FL 34747	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	Prashanta A Laddu, M.D. ☐ Delete Vaishali Laddu 8932 Gray Hawk Point Orlando, FL 32836	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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: 		11/7/05 407.946-0626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	