

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2006 8:00 am
Secretary of State

01-24-2006 90065 009 ***150.00

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**



01042006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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**

**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, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
JAS FAMILY LIMITED PARTNERSHIP
9848 KILLGORE ROAD
ORLANDO, FL 32836**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
H. MATHIAS, LTD
3916 HUNTERS ISLE DRIVE
ORLANDO, FL 32837**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
ALDIR, RODOLFO E MD
8143 BELSHIRE DRIVE
ORLANDO, FL 32835**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
KIM, THOMAS Y M.D.
909 SPRING PARK LOOP
CELEBRATION, FL 34747**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGRM
~~LADAN~~, PRASHANTA A M.D. *Laddu*
8432 GAY HAWK POINT
ORLANDO, FL 32836**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**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: *Sharon P. Manney*

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

Sharon P. Manney

Date

Daytime Phone #

1-76-06 407 846-0626