

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 29, 2007 08:00 AM**  
**Secretary of State**

**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**



01022007No 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	JAS FAMILY LIMITED PARTNERSHIP
STREET ADDRESS	9848 KILLGORE ROAD
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	MGRM
NAME	H. MATHIAS, LTD
STREET ADDRESS	3916 HUNTERS ISLE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32837
TITLE	MGRM
NAME	ALDIR, RODOLFO E MD
STREET ADDRESS	8143 BELSHIRE DRIVE
CITY-ST-ZIP	ORLANDO, FL 32835
TITLE	MGRM
NAME	KIM, THOMAS Y M.D.
STREET ADDRESS	909 SPRING PARK LOOP
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	MGRM
NAME	LADDU, PRASHANTA A MD
STREET ADDRESS	8432 GAY HAWK POINT
CITY-ST-ZIP	ORLANDO, FL 32836
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000606985  
01/31/07-80019-007 50.00

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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:** \_\_\_\_\_

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

Date

Daytime Phone #