
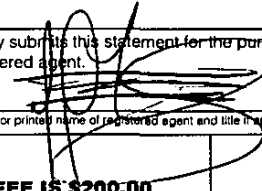
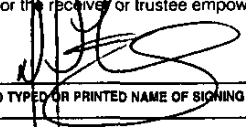


# 2005 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

05 MAY 13 AM 8:53

<b>DOCUMENT # L99000007986</b>			
1. Entity Name <b>HEARTTEST, L.L.C.</b>			
Principal Place of Business <b>700 NORTH HIATUS ROAD SUITE 105 PEMBROKE PINES, FL 33026</b>		Mailing Address <b>700 NORTH HIATUS ROAD SUITE 105 PEMBROKE PINES, FL 33026</b>	
2. Principal Place of Business		3. Mailing Address <b>12277 S.W. 55th St.</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc. <b>Suite #901</b>	
City & State		City & State <b>Cooper City</b>	
Zip	Country	Zip	Country
<b>33330</b>	<b>USA</b>	<b>33330</b>	<b>USA</b>
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
GROSS, WILLIAM J ESQ. C/O TRIPP SCOTT, PA 110 S.E. 6TH STREET, 15TH FLOOR FORT LAUDERDALE, FL 33301		Name <b>Carlos Reyes Esq. c/o Greenberg Traurig P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>401 E. Las Olas Blvd.</b> Suite <b>2000</b> City <b>Ft. Lauderdale</b> FL Zip Code <b>33301</b>	
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 		DATE <b>5/12/05</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$200.00</b>		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EHRENBURG, DORIS 1495 FAIRWAY ROAD EAST PEMBROKE PINES, FL 33026 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>REINSTATEMENT 04-05</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EHRENBURG, BARBARA 10919 MAIN SAIL DRIVE COOPER CITY, FL 33026 <input checked="" 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	MGRM FERNANDEZ, NELSON 10061 N.W. 1ST COURT PLANTATION, FL 33324 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12277 S.W. 55th St. #901 Cooper City, FL 33330</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HORGAN, JOSEPH T M.D. 4300 S.W. 131ST AVENUE DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>688056034636</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAHN, MONTE 2051 S.E. 18TH STREET POMPANO BEACH, FL 33062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>06/10/05--01077--009</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, ALBERTO 10061 N.W. 1ST CT. PLANTATION, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>12277 S.W. 55th St. #901 Cooper City, FL 33330</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: 		Date <b>5/6/05</b> Daytime Phone # <b>954-693-9900</b>	
Signature AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	