

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L99000007986

Entity Name: HEARTTEST, L.L.C.

FILED
Jan 24, 2006
Secretary of State

Current Principal Place of Business:

700 NORTH HIATUS ROAD
SUITE 105
PEMBROKE PINES, FL 33026

New Principal Place of Business:

Current Mailing Address:

12277 SW 55TH ST
SUITE 901
COOPER CITY, FL 33330

New Mailing Address:

FEI Number: 65-0962553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

REYES, CARLOS ESQ.
% GREENBERG TRAURIG, P.A.
401 E LAS OLAS BLVD, SUITE 2000
FORT LAUDERDALE, FL 33301 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FERNANDEZ, NELSON
Address: 12277 SW 55TH ST #901
City-St-Zip: COOPER CITY, FL 33330

Title: MGRM () Delete
Name: HORGAN, JOSEPH T M.D.
Address: 4300 S.W. 131ST AVENUE
City-St-Zip: DAVIE, FL 33330

Title: MGRM () Delete
Name: FERNANDEZ, ALBERTO
Address: 12277 SW 55TH ST #901
City-St-Zip: COOPER CITY, FL 33330

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: NELSON FERNANDEZ

MGRM

01/24/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date