2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 25, 2009
Secretary of State

DOCUMENT# N06000012353

Entity Name: HEARTBEAT OF MIAMI, INC.

Current Principal Place of Business:

5465 NW 36TH STREET
MIAMI SPRINGS, FL 33166

New Principal Place of Business:

Current Mailing Address:

5465 NW 36TH STREET
MIAMI SPRINGS, FL 33166

New Mailing Address:

FEI Number: 20-8155890 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SOLAMBIT LAW GROUP, PLLC
700 SOUTH ANDREWS AVENUE
FORT LAUDERDALE, FL 33316 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

OFFICERS AND DIRECTORS:

Title: PT ( ) Delete
Name: AVILA, MARTHA
Address: 5465 NW 36TH STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DVP ( ) Delete
Name: IRIZARRY, CINDY
Address: 5465 NW 36TH STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DS ( ) Delete
Name: SALTER, MARY
Address: 5465 NW 36TH STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: D ( ) Delete
Name: ENSOR, JOHN
Address: 5465 NW 36TH STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

Title: DC ( ) Delete
Name: MATHAI, JENETTE
Address: 5465 NW 36TH STREET
City-St-Zip: MIAMI SPRINGS, FL 33166

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARTHA AVILA P 09/25/2009

Electronic Signature of Signing Officer or Director — Date