N9300005376

(Red	questor's Name)	
(Add	dress)	
(Ad	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
		,
		:
:		

Office Use Only .



900181837999

06/14/10--01007--015 **35.69

SECRE IASY OF STATE TALLAHASSES, FLORID/

AARD Ch8

COVER LETTER

TO: Amendment Section Division of Corporations	
SUBJECT: Heartbeat Interna	ational Worldwide, Inc.
Nar	ne of Corporation
DOCUMENT NUMBER:	N93000005376
The enclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
r touse return air correspondence concerning air.	matter to the following.
	aura DeLise
Name	e of Contact Person
	ernational Worldwide, Inc.
1	Firm/Company
4302 Hend	derson Blvd., Suite 102
	Address
Tamr	na Florida 33620
City/	oa, Florida 33629 State and Zip Code
·	•
ldelise@he	artbeatsaveslives.com
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter,	please call:
Laura DeLise	at (813) 259-1213 -
Name of Contact Person	at (813) 259-1213 - Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the	Department of State.
Mailing Address:	Street Address:
Amendment Section	Amendment Section
Division of Corporat	ions Division of Corporations
P.O. Box 6327	Clifton Building
Tallahassee Fl 3231	4 2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Heartbeat International Worldwide, Inc. office address: 4302 Henderson Blvd., Suite 102, Tampa, Florida, 33629
3. The mailing a	address (if different):
4. Date of incor	poration/qualification: 11/30/1993 Document number: N93000005376
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Wil Mick
	4302 Henderson Blvd, Suite 102
	Tampa, Florida 33629
6. The name and (if changed):	Tampa, Florida 33629 d street address of the new registered agent (if changed) and /or registered office Albert M. Salem, Jr. 4600 W Kennedy Blvd., Suite 100
	Albert M. Salem, Jr. 4600 W Kennedy Blvd., Suite 100 P.O. Box NOT acceptable
	4600 W Kennedy Blvd., Suite 100 P.O. Box NOT acceptable
	Tampa, Florida 33609
The street addr	ess of its registered office and the street address of the business office of its registered agent, I be identical.
-	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Benedi	Benedict S. Maniscalco, M.D., Chairman Printed or typed name and title
	t the appointment as registered agent and agree to act in this capacity, to comply with the provisions of all statutes relative to the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this interpretation in the state of the proper and complete performance and familiar with and accept the obligation of my position as registered agent. Or, if this interpretation is filled merely to reflect a change in the registered office address, I hereby confirm that the state of the property of the
Alber	

* * * FILING FEE: \$35.00 * * *