

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000110236

**Entity Name:** HEALTHBEATS, LLC

**Current Principal Place of Business:**

18001 OLD CUTLER RD  
429  
PALMETTO BAY, FL 33157

**Current Mailing Address:**

18001 OLD CUTLER ROAD  
APT 429  
PALMETTO BAY, FL 33157 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CARRIEDO, DONNA L  
18001 OLD CUTLER ROAD  
APT 429  
PALMETTO BAY, FL 33157 US

*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:** DONNA CARRIEDO

04/27/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CARRIEDO, DONNA L  
Address 18001 OLD CUTLER ROAD  
STE 429  
City-State-Zip: PALMETTO BAY FL 33157

Title AUTHORIZED REPRESENTATIVE  
Name MENENDEZ, MARIA ALBERRO  
Address 18001 OLD CUTLER RD  
429  
City-State-Zip: PALMETTO BAY FL 33157

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** DONNA CARRIEDO

MANAGER

04/27/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date