

**2024 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L19000110236

**Entity Name:** HEALTHBEATS, LLC

**Current Principal Place of Business:**

1825 PONCE DE LEON BLVD  
#258  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1825 PONCE DE LEON BLVD  
#258  
CORAL GABLES, FL 33134 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

MENENDEZ, MARIA A  
323 NAVARRE AVENUE  
#101  
CORAL GABLES, FL 33134 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:** MARIA A MENENDEZ

05/13/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name MENENDEZ, NORBERTO  
Address 1825 PONCE DE LEON BLVD  
#258  
City-State-Zip: CORAL GABLES FL 33134

Title AUTHORIZED REPRESENTATIVE  
Name MENENDEZ, MARIA ALBERRO  
Address 1825 PONCE DE LEON BLVD  
#258  
City-State-Zip: CORAL GABLES FL 33134

*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:** MARIA A MENENDEZ

MGR

05/13/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date