

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045654

Entity Name: YOUR CARE CLINICS,LLC

FILED  
Jul 05, 2005  
Secretary of State

**Current Principal Place of Business:**

8655 BAYOU WAY  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

8655 BAYOU WAY  
PINELLAS PARK, FL 33782

**New Mailing Address:**

FEI Number: 20-1266825      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

SHASTRI, MILIND  
8655 BAYOU WAY  
PINELLAS PARK, FL 33782      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SHASTRI, MILIND  
Address: 8655 BAYOU WAY  
City-St-Zip: PINELLAS PARK, FL 33782

Title: MGRM ( ) Delete  
Name: SHASTRI, RUPA  
Address: 8655 BAYOU WAY  
City-St-Zip: PINELLAS PARK, FL 33782

Title: MGRM ( ) Delete  
Name: MILIND SHASTRI MD PA,  
Address: 8655 BAYOU WAY  
City-St-Zip: PINELLAS PARK, FL 33782

**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 Section 119.07(3)(i), 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: MILIND SHASTRI

MGRM

07/05/2005

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