2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2008
Secretary of State

DOCUMENT# L04000045654

Entity Name: YOUR CARE CLINICS,LLC

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 ( )**

Name and Address of Current Registered Agent:

SHASTRI, MILIND
8655 BAYOU WAY
PINELLAS PARK, FL 33782 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

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 exemption stated in Chapter 119, 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: MS PRES 01/04/2008

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