

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045654

FILED  
Mar 19, 2009  
Secretary of State

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

03/19/2009

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