

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045654

Entity Name: YOUR CARE CLINICS,LLC

FILED
Jun 16, 2010
Secretary of State

Current Principal Place of Business:

5985 49TH ST., N.
ST. PETERSBURG, FL 33709

New Principal Place of Business:

Current Mailing Address:

5111 66TH ST., N., STE 503
ST. PETERSBURG, FL 33709

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
Name: SHASTRI, MILIND
Address: 8655 BAYOU WAY
City-St-Zip: PINELLAS PARK, FL 33782

I hereby 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

06/16/2010

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