

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000045654

Entity Name: YOUR CARE CLINICS,LLC

FILED
Jan 08, 2011
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:

SHASTRI, MILIND
7296 MARATHON DRIVE
APT 206
SEMINOLE, FL 33777 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: MS

01/08/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SHASTRI, MILIND
Address: 7296 MARATHON DRIVE, APT 206
City-St-Zip: SEMINOLE, FL 33777

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

01/08/2011

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