

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000045654

Entity Name: YOUR CARE CLINICS,LLC

**FILED**  
**Apr 30, 2012**  
**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  
7296 MARATHON DRIVE  
APT 206  
SEMINOLE, FL 33777 US

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

SHASTRI, MILIND  
1591 GULF BLVD  
APT 505 SOUTH  
CLEARWATER, FL 33767 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

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SHASTRI, MILIND  
Address: 1591 GULF BLVD, APT 505 SOUTH  
City-St-Zip: CLEARWATER, FL 33767

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

04/30/2012

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