## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000120759

Entity Name: YOUBIN NURSING SERVICES L.L.C.

FILED Jun 01, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

196 LAKE ARBOR DR. 22457 SWORDFISH DR PALM SPRINGS, FL 33461 BOCA RATON, FL 33428

Current Mailing Address: New Mailing Address:

196 LAKE ARBOR DR. 22457 SWORDFISH DR PALM SPRINGS, FL 33461 BOCA RATON, FL 33428

FEI Number: 20-8310771 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

LEMAIRE, MARIE ADELINE

196 LAKE ARBOR DR.

PALM SPRINGS, FL 33461 US

LEMAIRE, MARIE ADELINE

22457 SWORDFISH DR

BOCA RATON, FL 33428 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: MARIE ADELINE LEMAIRE 06/01/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: (X) Change ( ) Addition () Delete LEMAIRE, MARIE ADELINE LEMAIRE, MARIE ADELINE Name: Name: Address: 196 LAKE ARBOR DR. Address: 22457 SWORDFISH DR City-St-Zip: PALM SPRINGS, FL 33461 City-St-Zip: BOCA RATON, FL 33428

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: MARIE ADELINE LEMAIRE MGRM 06/01/2007