


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000015057	
1. Entity Name YOUNIQUE HEALTH CARE, LLC	

Principal Place of Business 16349 MALIBU DR WESTON, FL 33326	Mailing Address 16349 MALIBU DR WESTON, FL 33326
--	--

2. Principal Place of Business - No P.O. Box #	3. Mailing Address 1421 SW 107 Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc. SUITE 189
City & State	City & State Miami FL
Zip	Zip 33174
Country	Country DADE

FILED
08 MAR 10 PM 2:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



03072008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent HERNANDEZ, JUAN A 135 WESTON ROAD, STE. 202 WESTON, FL 33326	7. Name and Address of New Registered Agent Name: RAFAEL LALIN Street Address (P.O. Box Number is Not Acceptable): 16349 MALIBU Dr. City: weston FL Zip Code: 33326
---	---


8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  (NOTE: Registered Agent signature required when reinstating) DATE: _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MS. MARLEEN, ROBLES 16349 MALIBU DR. WESTON, FL 33326 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RAFAEL LALIN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 16349 MALIBU Dr. WESTON FL 33326
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200120879102 03/21/08--01008--005 **138.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  DATE: _____ Daytime Phone #: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE