2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000058745

Entity Name: YIN CARE CLINIC, LLC

FILED Mar 26, 2008 Secretary of State

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

8603 S. DIXIE HIGHWAY 8603 S. DIXIE HIGHWAY 306 306

306 PINECREST, FL 33156 PINECREST, FL 33143

Current Mailing Address: New Mailing Address:

13520 SW 99TH COURT 8603 S. DIXIE HIGHWAY MIAMI, FL 33176 306

PINECREST, FL 33143

FEI Number: 65-1308319 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

LAW OFFICES OF ARTURO DOPAZO, III, P.A. 9000 SW 152 STREET 106 PALMETTO BAY, FL 33157 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.

ADDITIONS/CHANGES:

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 TOMITA, JUDY
 Name:
 TOMITA, JUDY

 Address:
 13520 SW 99TH COURT
 Address:
 8603 S. DIXIE HWY #306

 City-St-Zip:
 MIAMI, FL 33176
 City-St-Zip:
 PINECREST, FL 33143

Title: VP () Delete Title: VP (X) Change () Addition

Name: WHANG, SUNG Name: WHANG, SUNG

Address: 8603 S DIXIE HIGHWAY, # 306 Address: 8603 S DIXIE HIGHWAY, # 306
City-St-Zip: PINECREST, FL 33156 City-St-Zip: PINECREST, FL 33143

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: JUDY TOMITA P 03/26/2008