

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000058745

Entity Name: YIN CARE CLINIC, LLC

**FILED**  
**Oct 12, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

8603 S. DIXIE HIGHWAY  
306  
PINECREST, FL 33143

**New Principal Place of Business:**

**Current Mailing Address:**

8603 S. DIXIE HIGHWAY  
306  
PINECREST, FL 33143

**New Mailing Address:**

FEI Number: 65-1308319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

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

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

SM SHLACHTMAN  
13135 SW 107 ST  
MIAMI, FL 33186 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: MICKEY SHLACHTMAN

10/12/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: TOMITA, JUDY  
Address: 8603 S. DIXIE HWY #306  
City-St-Zip: PINECREST, FL 33143

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: JUDY TOMITA

PRES

10/12/2011

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