

PO6000091881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

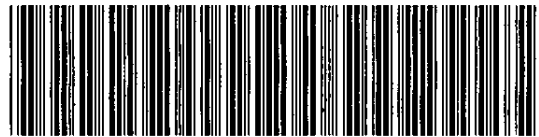
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TALLAHASSEE, FLORIDA

R.A. Chong
C.COULLIETTE

DEC 16 2008

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Yarlin Health Vistas, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P06000091881

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dr. Yarong Lin
(Name of Contact Person)

Clinic for Integrative Medicine
(Firm/Company)

784 U.S. Highway #1 suite 4
(Address)

North Palm Beach, FL 33408
(City/State and Zip Code)

For further information concerning this matter, please call:

Dr. Yarong Lin at (561) 622-7874
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Yarlin Health Vistas, Inc.
2. The principal office address: 784 U.S. Highway #1 suite 4, North Palm Beach, FL 33408
3. The mailing address (if different): _____
4. Date of incorporation/qualification: July 11, 2006 Document number: P06000091881
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Paul Weissman.....RESIGNED

12672 Woodmill Dr.

Palm Beach Gardens, FL 33418

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Dr. Yarong Lin

736 Sanctuary Cove Dr.

(P.O. Box NOT acceptable)

North Palm Beach, FL 33408

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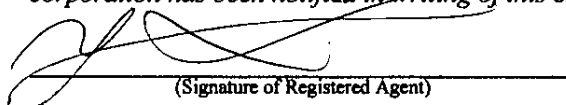
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Paul Weissman, V. Pres.
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

12/31/2008
(Date)

If signing on behalf of an entity:

Dr. Yarong Lin
(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)