

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90026 031 ***150.00

DOCUMENT # P94000037561

1. Entity Name
Y.C. HEALTH SERVICE CENTER, INC.



Principal Place of Business 1880 S FEDERAL HWY DELRAY BEACH, FL 33483 5353 W Atlantic Ave #402 Delray Beach, FL 33484		Mailing Address 1880 S FEDERAL HWY DELRAY BEACH, FL 33483 5353 W Atlantic Ave #402 Delray Beach, FL 33484	
2. Principal Place of Business - No P.O. Box # Y C Health Service Ctr Suite, Apt. #, etc. 5353 W Atlantic Ave #402		3. Mailing Address Y C Health Service Ctr Suite, Apt. #, etc. 5353 W Atlantic Ave #402	
City & State Delray Beach, FL	City & State Delray Beach, FL	4. FEI Number 65-0433812	Applied For <input type="checkbox"/> Not Applicable
Zip 33484	Country P.B.C.	Zip 33484	Country P.B.C.

40062744



6. Name and Address of Current Registered Agent CAO, YE 1880 S FEDERAL HWY DELRAY BEACH, FL 33483 5353 W Atlantic Ave Delray Beach, FL 33484		7. Name and Address of New Registered Agent Name Same as Left Side Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. CAO, YE 1880 S. FEDERAL HIGHWAY DELRAY BEACH, FL <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	P WU, WEI LIN 1880 S. FEDERAL HIGHWAY DELRAY BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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
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12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/7/08 561637 2688 Daytime Phone #