

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P06000091881

**Entity Name:** YARLIN HEALTH VISTAS, INC.

**Current Principal Place of Business:**

784 U.S. #1  
SUITE 4  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

784 U.S. #1  
SUITE 4  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 20-5207578

**Certificate of Status Desired:** No

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

LIN, YARONG DR  
784 US HWY 1  
SUITE 4  
NORTH PALM BEACH, FL 33408 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            LIN, YARONG DR.  
Address        784 US HWY 1  
                  SUITE 4  
City-State-Zip: NORTH PALM BEACH FL 33408

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** YARONG LIN

**PRESIDENT**

**05/01/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date