

L0000000 8385



ACCOUNT NO. : 072100000032

REFERENCE : 763937 7187578

AUTHORIZATION :

COST LIMIT : \$2125.00

ORDER DATE : July 14, 2000

ORDER TIME : 12:04 PM

ORDER NO. : 763937-025

CUSTOMER NO: 7187578

500003323285--6

CUSTOMER: Cynthia A. Mikos, Esq
Cynthia A. Mikos, P.a.

205 N. Parsons Avenue

Brandon, FL 33510

DOMESTIC FILING

NAME: POINT OF CARE CLINICS NORTH
TAMPA, L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133

EXAMINER'S INITIALS:

FILED
00 JUL 14 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

~~6000~~
~~17728~~

JA 7/17

L00-8385



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

July 14, 2000

JEANINE REYNOLDS
CSC

SUBJECT: POINT OF CARE CLINICS NORTH TAMPA, L.L.C.
Ref. Number: W00000017728

We have received your document for POINT OF CARE CLINICS NORTH TAMPA, L.L.C. and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6917.

Gretchen Harvey
Document Specialist Supervisor

Letter Number: 900A00038872

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION
OF
POINT OF CARE CLINICS NORTH TAMPA, L.L.C.
a Florida Limited Liability Company**

**ARTICLE I
NAME**

The name of this Limited Liability Company is: POINT OF CARE CLINICS NORTH TAMPA, L.L.C.

**ARTICLE II
ADDRESS**

The mailing and street address of the principal office of the Limited Liability Company is:

1001 Livingston Road
Lutz, FL 33549

**ARTICLE III
DURATION**

The Limited Liability Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall have perpetual duration.

**ARTICLE IV
MEMBERS**

The Limited Liability Company shall at all times maintain at least one or more members.

**ARTICLE V
MANAGEMENT**

This Limited Liability Company is a manager-managed company to be managed by one or more managers. The names and addresses of the initial managers are:

Syed Ali Safdar, M.D.
9305 Cypress Bend Drive
Tampa, FL 33647

Hasan Farid Hashmi, M.D.
1001 Livingston Road
Lutz, FL 33549

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

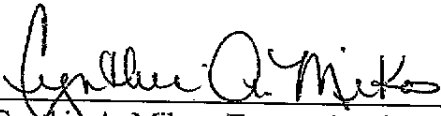
FILED

ARTICLE VI
REGISTERED AGENT, REGISTERED OFFICE, AND
REGISTERED AGENT'S SIGNATURE

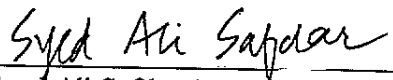
The name and the Florida street address of the registered agent is:

Cynthia A. Mikos, Esq.
Cynthia A. Mikos, P.A.
205 N. Parsons Ave., Suite A
Brandon, FL 33510-4515

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Cynthia A. Mikos, Esq., as Registered Agent

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


Syed Ali Safdar, M.D., Managing Member

60 JUL 14 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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