

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008390

FILED

01 JUN 20 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name

Point of Care Clinics Brandon, LLC

Principal Place of Business

9305 Cypress Bend Dr.
Tampa, FL 33647

Mailing Address

9305 Cypress Bend Dr.
Tampa, FL 33647

2. Principal Place of Business

230 South Moon Avenue

Suite, Apt. #, etc.

3. Mailing Address

4805 W. Laurel Street

Suite, Apt. #, etc.

Suite 100

DO NOT WRITE IN THIS SPACE

City & State

Brandon, FL

City & State

Tampa, FL

4. FEI Number

59-3658851

Applied For

Not Applicable

Zip

33511

Country

USA

Zip

33607

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

Mikos, Cynthia A. Esquire
Cynthia A. Mikos, PA
205 N. Parsons Ave, Suite A
Brandon, FL 33510-4515

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

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 \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR
NAME Syed Ali Safdar, MD ☐ Delete
STREET ADDRESS 9305 Cypress Bend Dr.
CITY - ST - ZIP Tampa, FL 33647

TITLE MGR
NAME Hasan Farid Hashmi, MD ☐ Delete
STREET ADDRESS 1001 Livingston Road
CITY - ST - ZIP Lutz, FL 33549

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY - ST - ZIP

10. ADDITIONS/CHANGES

TITLE MGR ☒ Change ☐ Addition
NAME Syed Ali Safdar, MD Inc.
STREET ADDRESS 9305 Cypress Bend Dr.
CITY - ST - ZIP Tampa, FL 33647

TITLE MGR ☒ Change ☐ Addition
NAME Hasan Farid Hashmi, MD Inc.
STREET ADDRESS 1001 Livingston Road
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STREET ADDRESS
CITY - ST - ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Daytime Phone #