

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90153 011 ****50.00

DOCUMENT # L00000008525

1. Entity Name

~~POINT OF CARE CLINICS SURGERY, LLC~~

Point of Care Clinics Medical Center at 201

Principal Place of Business

36021 MARKET SQUARE
 ZEPHYRHILLS FL 33540

Mailing Address

4805 W. LAUREL ST., STE. 100
 TAMPA FL 33607

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3659216

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MIKOS, CYNTHIA A ESQ.
 205 N. PARSONS AVE., SUITE A
 BRANDON FL 33510-4515

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
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
MGR
HASAN FARID HASHMI, M.D., INC.
1001 LIVINGSTON ROAD
LUTZ FL 33549

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ Addition

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 #

(813) 782-4193

0018351

CR2E083 (9/01)