

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008525

FILED
Jul 26, 2005
Secretary of State

Entity Name: POINT OF CARE CLINICS MEDICAL CENTER AT ZEPHYRHILLS, L.L.C.

Current Principal Place of Business:

38021 MARKET SQUARE
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

5504 GATEWAY BLVD
WESLEY CHAPEL, FL 33543

New Mailing Address:

FEI Number: 59-3659216 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MIKOS, CYNTHIA A ESQ.
205 N. PARSONS AVE., SUITE A
BRANDON, FL 335104515 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HASAN FARID HASHMI, M.D., INC.
Address: 1001 LIVINGSTON ROAD
City-St-Zip: LUTZ, FL 33549

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HASAN FARID HASHMI, M.D.,

MGR

07/26/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date