

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000008525

FILED
May 13, 2003
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:

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

New Mailing Address:

5504 GATEWAY BLVD
WESLEY CHAPEL, FL 33543

FEI Number: 59-3659216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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/MEMBERS:

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

MGR

05/13/2003

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