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THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 768753 7187578

AUTHORIZATION :

Patricia

MUN

COST LIMIT : \$ 125.00

ORDER DATE : July 19, 2000

ORDER TIME : 10:43 AM

ORDER NO. : 768753-015

400003328034--4

CUSTOMER NO: 7187578

CUSTOMER: Cynthia A. Mikos, Esq
Cynthia A. Mikos, P.A.
205 N. Parsons Avenue
Brandon, FL 33510

DOMESTIC FILING

NAME: POINT OF CARE CLINICS
ZEPHYRHILLS, 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: Kelly Courtney - EXT. 1116

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 19 PM 2:23

RECEIVED
00 JUL 19 PM 12:14
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 19 PM 2:23

ARTICLE I.
NAME

The name of this Limited Liability Company is POINT OF CARE CLINICS ZEPHYRHILLS, 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, Florida 33549

ARTICLE III.
DURATION

This 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

This 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 name and address of the initial manager is:

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

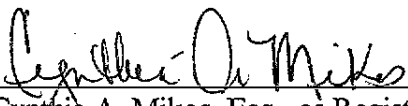
ARTICLE VI.

Registered Agent, Registered Office, and Registered Agent's Signature

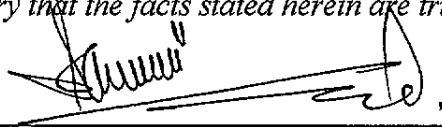
The name and the Florida street address of the registered agent is:

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.


Hasan Farid Hashmi, M.D., Inc., Managing Member
By Hasan Farid Hashmi, M.D., President