

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008526

FILED

1. Entity Name

Point of Care Clinics Zephyrhills, LLC

01 JUN 20 AM 11:11

Principal Place of Business

1001 Livingston Road  
Lutz, FL 33549

Mailing Address

1001 Livingston Road  
Lutz, FL 33549

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2. Principal Place of Business

38021 Market Square

3. Mailing Address

4805 W. Laurel Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 100

DO NOT WRITE IN THIS SPACE

City & State

Zephyrhills, FL

City & State

Tampa, FL

4. FEI Number

59-3659221

Applied For

Not Applicable

Zip

Country

33540

USA

Zip

Country

33607

USA

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. Esquire  
Cynthia A. Mikos, PA  
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

9. MANAGING MEMBERS/MANAGERS

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

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE  
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CITY - ST - ZIP

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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 #

CR2E083 (11/00)