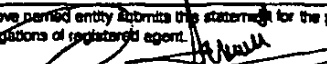


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/24/2006-90001-044-\$50.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 9:59

DOCUMENT # L00000008526			
1. Entity Name POINT OF CARE CLINICS CENTRAL, L.L.C.			
Principal Place of Business 38021 MARKET SQUARE DR. ZEPHYRHILLS, FL 33542		Mailing Address PO BOX 1807 ZEPHYRHILLS, FL 33539	
2. Principal Place of Business 38156 Medical Center Dr. Suits, Apt. #, etc.		3. Mailing Address Same as above Suits, Apt. #, etc.	
City & State Zephyrhills FL		City & State	
Zip 33539	Country Pasco	Zip	Country
4. FEI Number 59-3859221		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			
MIKOS, CYNTHIA A PA 205 N. PARSONS AVE SUITE A BRANDON, FL 33510-4516		No — Suleman-Hashmi 38156 Medical Center Ave. PO Box 1807 Zephyrhills, FL 33539 Code 3339	
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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE 7-14-06	
Filing Fee is \$50.00 Due by May 1, 2006		State check payable to Florida Department of State	
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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 		DATE 7-14-06 813.779-3920	