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	Mailing Address
38021 MARKET SQUARE DR. ZEPHYRHILLS, FL 33542	PO BOX 1807 ZEPHYRHILLS, FL 33539

04082006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
38156 Medical Center Dr.	Same as above
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Zephyrhills FL	City & State
Zip: 33539 Country: Pasco	Zip Country

4. FEI Number: 59-3659221 ☐ 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

7. Name and Address of New Registered Agent

Suleman-Hashmi
38156 Medical Center Ave.
PO Box 1807
Zephyrhills, FL 33539
Zip Code 33539

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 [signature] 7-14-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2006

Make 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
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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: [signature] 7-14-06 813-779-3920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #