

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000008526

FILED
Mar 28, 2007
Secretary of State

Entity Name: POINT OF CARE CLINICS CENTRAL, L.L.C.

Current Principal Place of Business:

38156 MEDICAL CENTER AVE.
ZEPHYRHILLS, FL 33540

New Principal Place of Business:

Current Mailing Address:

PO BOX 1807
ZEPHYRHILLS, FL 33539

New Mailing Address:

FEI Number: 59-3659221

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HASHMI, SULEMAN
38156 MEDICAL CENTER AVE
PO BOX 1807
ZEPHYRHILLS, FL 335394515 US

Name and Address of New Registered Agent:

HASHMI, SULEMAN
38156 MEDICAL CENTER AVE
ZEPHYRHILLS, FL 33540 US

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: SULEMAN HASHMI

03/28/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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 Chapter 119, 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, M.D. INC.

MGR

03/28/2007

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