

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000008526

FILED  
May 13, 2003  
Secretary of State

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

**Current Principal Place of Business:**

38021 MARKET SQUARE  
ZEPHYRHILLS, FL 33540

**New Principal Place of Business:**

5504 GATEWAY BLVD  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

4805 W. LAUREL ST., STE. 100  
TAMPA, FL 33607

**New Mailing Address:**

5504 GATEWAY BLVD  
WESLEY CHAPEL, FL 33543

**FEI Number:** 59-3659221

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MIKOS, CYNTHIA A PA  
205 N. PARSONS AVE., STE. A  
BRANDON, FL 335104515 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

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 Section 119.07(3)(i), 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

MGR

05/13/2003

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