

L00000000 8906



THE UNITED STATES
CORPORATION
COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 776548 7187578

AUTHORIZATION :

Patricia Pygott

MJH

COST LIMIT : \$ 125.00

ORDER DATE : July 26, 2000

ORDER TIME : 9:36 AM

ORDER NO. : 776548-005

CUSTOMER NO: 7187578

CUSTOMER: Cynthia A. Mikos, Esq
Cynthia A. Mikos, P.A.
205 N. Parsons Avenue
Brandon, FL 33510

700003336497--0

DOMESTIC FILING

NAME: POINT OF CARE CLINICS, L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kelly Courtney - EXT. 1116

EXAMINER'S INITIALS: _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 26 PM 2:40

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

00 JUL 26 AM 10:39

RECEIVED

**ARTICLES OF ORGANIZATION
OF
POINT OF CARE CLINICS, L.L.C.**
a Florida Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 JUL 26 PM 2:40

ARTICLE I
NAME

The name of this Limited Liability Company is POINT OF CARE CLINICS, L.L.C.

ARTICLE II
ADDRESS

The mailing and street address of the principal office of the Limited Liability Company is:

1001 Livingston Road
Lutz, FL 33549

ARTICLE III
DURATION

This Limited Liability Company's existence shall commence upon the acceptance of the Articles of Organization by the Secretary of State of Florida and shall have perpetual duration.

ARTICLE IV
MEMBERS

This Limited Liability Company shall at all times maintain at least one or more members.

ARTICLE V
MANAGEMENT

This Limited Liability Company is a manager-managed company to be managed by one or more managers. The names and addresses of the initial managers are:

HASAN FARID HASHMI, M.D., INC.
1001 Livingston Road
Lutz, FL 33549

SYED ALI SAFDAR, M.D., INC.
9305 Cypress Bend Drive
Tampa, FL 33647

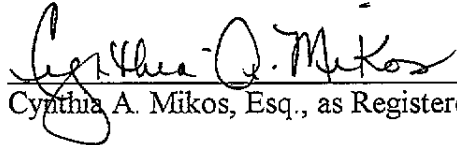
ARTICLE VI

Registered Agent, Registered Office, and Registered Agent's Signature

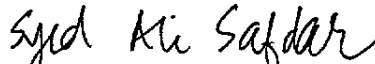
The name and the Florida street address of the registered agent is:

Cynthia A. Mikos, Esq.
Cynthia A. Mikos, P.A.
205 N. Parsons Ave., Suite A
Brandon, FL 33510-4515

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.


Cynthia A. Mikos, Esq., as Registered Agent

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.


SYED ALI SAFDAR, M.D., INC.,
Managing Member, By Syed Ali Safdar,
M.D., President