

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008906

1. Entity Name

Point of Care Clinics, LLC

FILED

01 JUN 20 AM 11:11

Principal Place of Business
1001 Livingston Road
Lutz, FL 33549

Mailing Address
1001 Livingston Road
Lutz, FL 33549

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
4805 W. Laurel Street

3. Mailing Address
4805 W. Laurel Street

Suite, Apt. #, etc.
Suite 100

Suite, Apt. #, etc.
Suite 100

City & State
Tampa, FL

City & State
Tampa, FL

Zip
33607

Country
USA

Zip
33607

Country
USA

4. FEI Number
59-3661078

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Mikos, Cynthia A. Esquire
Cynthia A. Mikos, PA
205 N. Parsons Ave, Suite A
Brandon, FL 33510-4515

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Syed Ali Safdar, MD Inc.
9305 Cypress Bend Dr.
Tampa, FL 33647

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGR
Hasan Farid Hashmi, MD Inc.
1001 Livingston Road
Lutz, FL 33549

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CITY - ST - ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Change ☐ Addition ☐

TITLE
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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 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 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

Daytime Phone #