

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90114 050 \*\*\*\*50.00

**DOCUMENT # L00000008906**

1. Entity Name

**POINT OF CARE CLINICS, L.L.C.**

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**MIKOS, CYNTHIA A ESQ.  
 C/O CYNTHIA A. MIKOS, P.A.  
 205 N. PARSONS AVE., SUITE A  
 BRANDON FL 33510-4515**

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**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE  Delete  
 NAME **MGR HASAN FARID HASHMI, M.D., INC.**  
 STREET ADDRESS **9305 CYPRESS BEND DR.**  
 CITY-ST-ZIP **TAMPA FL 33647**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **MGR SYED ALI SAFDAR, M.D., INC.**  
 STREET ADDRESS **1001 LIVINGSTON ROAD**  
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
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 CITY-ST-ZIP

TITLE  Change  Addition  
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 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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]* **SIGNATURE REQUIRED**

1/31/02

(813) 782-4193

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

Date

Daytime Phone #

CR2E083 (9/01)