2003 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2003
Secretary of State

DOCUMENT# L00000008906

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

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

5504 GATEWAY BLVD
WESLEY CHAPEL, FL 33543

FEI Number: 59-3661078 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MIKOS, CYNTHIA A ESQ.
C/O CYNTHIA A. MIKOS, P.A.
205 N. PARSONS AVE., SUITE 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: 9305 CYPRESS BEND DR.
City-St-Zip: TAMPA, FL 33647

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