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ACCOUNT NO. : 072100000032

REFERENCE : 995958 7187578

AUTHORIZATION :

Patricia Pijut

COST LIMIT : \$ 125.00

ORDER DATE : February 8, 2001

ORDER TIME : 11:04 AM

ORDER NO. : 995958-005

CUSTOMER NO: 7187578

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CUSTOMER: Cynthia A. Mikos, Esq
Cynthia A. Mikos, P.a.

205 N. Parsons Avenue

Brandon, FL 33510

DOMESTIC FILING

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

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

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TALLAHASSEE, FLORIDA

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AND
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

ARTICLE I.
NAME

The name of this Limited Liability Company is POINT OF CARE CLINICS RIDGE MANOR, 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, Florida 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

The 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


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ARTICLE VI.
REGISTERED AGENT, REGISTERED OFFICE, AND
REGISTERED AGENT'S SIGNATURE

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

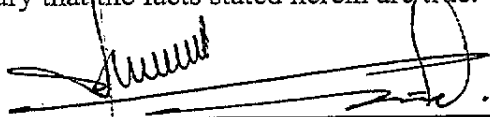
Cynthia A. Mikos, Esq.
Cynthia A. Mikos, P.A.
205 N. Parsons Ave., Suite A
Brandon, FL 33510-4515

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.



Hasan Farid Hashmi, M.D., Inc.,
Managing Member
By: Hasan Farid Hashmi, M.D., President

01 FEB -8 PM 4: 15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ATTORNEY
AND
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