

CONTACT PERSON:

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	ACCOUNT NO.: 072100000032
	REFERENCE: 094870 7187578
	AUTHORIZATION :
	COST LIMIT: \$ 125.00 Inguts
ORDER DATE	March 28, 2001 —
ORDER TIME	11:24 AM
ORDER NO.	094870-005
CUSTOMER NO	7187578 = 000Ū03924040——S
	Is. Brenda J. Hobson Eynthia A. Mikos, P.a.
	05 N. Parsons Avenue
	randon, FL 33510
	DOMESTIC FILING
NAME	POINT OF CARE CLINICS PASCO EAST, L.L.C.
	EFFECTIVE DATE:
XX ARTI	LES OF ORGANIZATION N THE FOLLOWING AS PROOF OF FILING: N STAMPED COPY
PLEASE RETU	N THE FOLLOWING AS PROOF OF FILING:
XX PLA	n stamped copy

Darlene Ward - EXT. 1135 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION OF

POINT OF CARE CLINICS PASCO EAST, L.L.C.

a Florida Limited Liability Company

ARTICLE I. NAME

The name of this Limited Liability Company is POINT OF CARE CLINICS PASCO EAST, 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

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