

L020000000785



ACCOUNT NO. : 072100000032

REFERENCE : 663530 7187578

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 125.00

ORDER DATE : January 10, 2002

ORDER TIME : 11:55 AM

ORDER NO. : 663530-005

CUSTOMER NO: 7187578

600004765636--2

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

205 N. Parsons Avenue

Brandon, FL 33510

DOMESTIC FILING

NAME: POINT OF CARE CLINICS WESLEY
CHAPEL, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS:

RECEIVED
02 JAN 10 PM 12:52
DIVISION OF CORPORATION

FILED
02 JAN 10 PM 3:16
SECRETARY OF STATE
DIVISION OF CORPORATIONS

HL 1/10

30

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

**ARTICLE I.
NAME**

The name of this Limited Liability Company is POINT OF CARE CLINICS WESLEY CHAPEL, L.L.C.

**ARTICLE II.
ADDRESS**

The mailing and street address of the principal office of the Limited Liability Company is:

5504 Gateway Boulevard
Wesley Chapel, FL 33543

**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**

The Limited Liability Company is a manager-managed company to be managed by one or more managers. The name and address of the initial manager is:

Hasan Farid Hashmi, M.D., Inc.
1001 Livingston Road
Lutz, FL 33549

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 10 PM 3:16

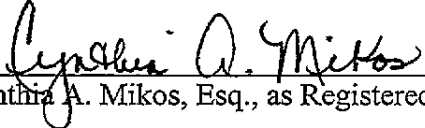
ARTICLE VI.

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.
By: Hasan Farid Hashmi, M.D., President

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
02 JAN 10 PM 3:16