

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000000785

FILED
Oct 17, 2006
Secretary of State

Entity Name: POINT OF CARE CLINICS MEDICAL CENTER AT WESLEY CHAPEL, L.L.C.

Current Principal Place of Business:

5504 GATEWAY BOULEVARD
WESLEY CHAPEL, FL 33543

New Principal Place of Business:

Current Mailing Address:

5504 GATEWAY BOULEVARD
WESLEY CHAPEL, FL 33543

New Mailing Address:

PO BOX 1807
ZEPHYRHILLS, FL 33539

FEI Number: 36-4489447

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MIKOS, CYNTHIA A ESQ.
CYNTHIA A. MIKOS, P.A.
205 N. PARSONS AVE., SUITE A
BRANDON, FL 335104515 US

Name and Address of New Registered Agent:

HASHMI, HASAN F M.D.
38156 MEDICAL CENTER DR.
ZEPHYRHILLS, FL 33540 US

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: HASAN F. HASHMI, M.D.

10/17/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: HASAN FARID HASHMI, M.D., INC.
Address: 1001 LIVINGSTON ROAD
City-St-Zip: LUTZ, FL 33549

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 Chapter 119, 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 F. HASHMI, M.D.

MGR

10/17/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date