

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 APR 23 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L00000004164

1. Entity Name
CLINIX, L.L.C.

Principal Place of Business
4001 BENEVA ROAD, SUITE 324
SARASOTA FL 34233

Mailing Address
4001 BENEVA ROAD, SUITE 324
SARASOTA FL 34233



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1011192

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TAYLOR, HOLLY
4001 BENEVA ROAD, SUITE 324
SARASOTA FL 34233

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: PRESIDENT-MEMBER ☐ Delete
NAME: PAMELA TENAERTS, M.D.
STREET ADDRESS: 4001 BENEVA RD #324
CITY-ST-ZIP: SARASOTA, FL 34233

TITLE: ☐ Change ☐ Addition
NAME: 800004137268-3
STREET ADDRESS: -05/04/01--01097--015
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: VICE-PRESIDENT-MEMBER ☐ Delete
NAME: HOLLY TAYLOR
STREET ADDRESS: 4001 BENEVA RD #324
CITY-ST-ZIP: SARASOTA, FL 34233

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
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CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
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TITLE: ☐ Change ☐ Addition
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STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

11. I hereby certify that the information supplied with this filing does not qualify 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 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: *Holly Taylor*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/19/01

941-650-4001

Date

Daytime Phone #

CR2E083 (11/00)