

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

04 FEB 27 PM 3:10

**LIMITED LIABILITY  
COMPANY  
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT #

L000000004164

1. Limited Liability Company's Name

Clinyx, LLC

300030400183  
03/15/04--01016--009 \*\*250.00

2. Principal Office Address

5963 Cattlemen Lane

3. Mailing Office Address

5963 Cattlemen Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Sarasota, Florida

City & State

Sarasota, Florida

Zip

34232

Country

USA

Zip

34232

Country

USA

4. State/Country of Formation

Florida, USA

5. Date Organized or Qualified  
To Do Business in Florida

4/7/2000

6. FEI Number

65-1011192

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☒

\$5.00 Additional Fee required  
for a Certificate of Status

**8. Name and Address of Current Registered Agent**

Name

Holly Taylor

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

5963 Cattlemen Lane

Suite, Apt. #, Etc.

City

Sarasota

State

FL

Zip Code

34232

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of  
Registered Agent

*Holly Taylor*

Date 2/16/04

REGISTERED AGENT MUST SIGN

**10. Names and Street Addresses of Managing Members/Managers**

Titles	Name of Managing Members/Managers	Street Address of Each Managing Member/Manager	City / State / Zip
MGRM	Fadi Matar, M.D.	508 S. Habana Avenue, Suite #340	Tampa, Florida 33609
MGRM	Peter Rossi, M.D.	14153 Yosemite Drive, Suite #202	Hudson, Florida 34652
MGRM	Holly Taylor	5963 Cattlemen Lane	Sarasota, Florida 34232

REINSTATEMENT

02-04  
dec

11. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.406, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of  
Managing Member/Manager

*Holly Taylor*

Date 2/16/04 Daytime Phone# 941-379-9410

Typed or printed name of signing Managing Member/Manager

HOLLY TAYLOR

CR2E041 (10/02)



February 16, 2004

State of Florida  
Division of Corporations  
Registration Section  
PO Box 6327  
Tallahassee, Florida 32314

Re: Limit Liability Company Reinstatement

To Whom It May Concern:

Enclosed please find a completed reinstatement form in order to update the state records for Clinyx, LLC. Also enclosed find a check in the amount of \$250.00 for payment in full for the following fees associated with reinstatement:

- \$100 reinstatement fee
- \$50 annual fee for 2002
- \$50 annual fee for 2003
- \$50 annual fee for 2004

Should you require any additional information in order to process this reinstatement, please do not hesitate to contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Holly Taylor".

Holly Taylor

Enclosures

Clinyx, LLC  
5963 Cattlemen Lane, Sarasota, Florida 34232  
(941) 379-9410 (941) 379-9948 fax