2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2006
Secretary of State

DOCUMENT# L00000004164

Entity Name: CLINYX, L.L.C.

Current Principal Place of Business:

5963 CATTLEMEN LANE
SARASOTA, FL 34232

New Principal Place of Business:

Current Mailing Address:

5963 CATTLEMEN LANE
SARASOTA, FL 34232

New Mailing Address:

FEI Number: 65-1011192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

TAYLOR, HOLLY
5963 CATTLEMEN LANE
SARASOTA, FL 34232 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: MATAR, FADI M.D.
Address: 509 S. ARMENIA AVE
City-St-Zip: TAMPA, FL 33609

Title: MGRM ( ) Delete
Name: ROSSI, PETER M.D.
Address: 14153 YOSEMITE DRIVE, SUITE #202
City-St-Zip: HUDSON, FL 34652

Title: MGRM ( ) Delete
Name: TAYLOR, HOLLY
Address: 5963 CATTLEMEN LANE
City-St-Zip: SARASOTA, FL 34232

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: HOLLY TAYLOR MGRM 04/17/2006

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