

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000004164

Entity Name: CLINIX, L.L.C.

FILED
Sep 08, 2008
Secretary of State

Current Principal Place of Business:

4446 MEADOW CREEK CIRCLE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4446 MEADOW CREEK CIRCLE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 65-1011192 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TAYLOR, HOLLY
4446 MEADOW CREEK CIRCLE
SARASOTA, FL 34233 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: _____

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: 4446 MEADOW CREEK CIRCLE
City-St-Zip: SARASOTA, FL 34233

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 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

VP

09/08/2008

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