

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L00000004164

Entity Name: CLINIX, L.L.C.

**FILED**  
**Apr 12, 2011**  
**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 ( )

**Name and Address of Current Registered Agent:**

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

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

Title: MGRM  
Name: TAYLOR, HOLLY  
Address: 4446 MEADOW CREEK CIRCLE  
City-St-Zip: SARASOTA, FL 34233

I hereby 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

04/12/2011

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