2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

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Entity Name: CLINYX, L.L.C.

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: _____

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 Statues.

SIGNATURE: HOLLY TAYLOR MGRM 04/30/2012

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