

**2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 19, 2005 8:00 am**  
**Secretary of State**

04-19-2005 90019 025 \*\*\*\*55.00

**DOCUMENT # L04000078716**

1. Entity Name  
**CLINIX OF TALLAHASSEE, L.L.C.**



Principal Place of Business  
**1401 CENTERVILLE ROAD, SUITE 800  
 TALLAHASSEE, FL 32308**

Mailing Address  
**1401 CENTERVILLE ROAD, SUITE 800  
 TALLAHASSEE, FL 32308**

**20037826**



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

03252005 Chg-LLC CR2E083 (10/03)

4. FEI Number  Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

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

**KNAP, PATTY**  
**1401 CENTERVILLE ROAD, SUITE 800**  
**TALLAHASSEE, FL 32308**

**7. Name and Address of New Registered Agent**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00**  
**Due by May 1, 2005**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KATOPODIS, JOHN N M.D. 3482 E. MILLER'S BRIDGE ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SMITH, DAVID W M.D. 3340 CHARLESTON ROAD TALLHASSEE, FL 32309 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATCHELOR, WAYNE C M.D. 1539 FERNANDO DRIVE TALLAHASSEE, FL 32303 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKENZIE, EARL III, MD 10400 WADESBORO ROAD TALLAHASSEE, FL 32317 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAYES, MARK A M.D. 2958 GOLDEN EAGLE DRIVE EAST TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COX, MARILYN M M.D. 3842 E. MILLER'S BRIDGE ROAD TALLAHASSEE, FL 32312 <input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** *J. Knap*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/11/05 850-431-5024  
 Date Daytime Phone #