


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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

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|---|---|---|--|--|--|
| 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 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country | | | |
| 4. FEI Number 03252005 Chg-LLC CR2E083 (10/03) | | | | <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| 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 TALLAHASSEE, 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 | | | |
| 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: <u><i>J. Knap</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | |
| Date: <u>4/11/05</u> Daytime Phone #: <u>850-431-5024</u> | | | | | |

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