

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90020 018 ****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 1300 MEDICAL DRIVE			Mailing Address 1401 CENTERVILLE ROAD, SUITE 800 TALLAHASSEE, FL 32308		
2. Principal Place of Business 1300 Medical Drive Suite, Apt. #, etc.		3. Mailing Address 1300 Medical Drive Suite, Apt. #, etc.			
City & State Tallahassee, FL		City & State Tallahassee, FL		4. FEI Number 20-4406787	
Zip 32308		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fees 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) 1300 Medical Drive City Tallahassee FL Zip Code 32308	
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 <u><i>Patty Knap</i></u> DATE <u>4/13/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BATCHELOR, WAYNE B M D. 1539 FERNANDO DRIVE TALLAHASSEE, FL 32303	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MCKENZIE, EARL III, MD 10400 WADESBO ROAD TALLAHASSEE, FL 32317	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		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 exemptions contained in Chapter 119, 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. Plator</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u>4/13/06</u> Daytime Phone # <u>850-431-5024</u>		

ATTACHMENT

GOLDBERG & OLIVE

ATTORNEYS AT LAW

2039 CENTRE POINTE BOULEVARD

SUITE 201 (32308)

POST OFFICE BOX 12458

TALLAHASSEE, FLORIDA 32317

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*Florida Bar Certified Wills, Trusts & Estates

*Florida Bar Certified Tax Law

April 18, 2006

Florida Department of State
Division of Corporations
Post Office Box 1500
Tallahassee, Florida 32302-1500

RE: Clinyx of Tallahassee, L.L.C.

Dear Sir/Madam:

Enclosed for filing is the 2006 Limited Liability Company Annual Report for Clinyx of Tallahassee, L.L.C.. Also enclosed is my firm's check in the amount of \$55.00 in payment of the filing fee (\$50.00) and the fee for a certificate of status (\$5.00).

If you have any questions, please contact me.

Sincerely,



Stuart E. Goldberg

SEG/tms

Enclosure

cc: John N. Katopodis, M.D. (w/encl.)
Corporate book