

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000078716 1. Entity Name CLINIX OF TALLAHASSEE, L.L.C.					
Principal Place of Business 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 US			Mailing Address 1300 MEDICAL DRIVE TALLAHASSEE, FL 32308 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 20-4406787	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Applied For 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 1300 MEDICAL DRIVE 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 _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75				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 WADESBORO ROAD TALLAHASSEE, FL 32317	<input checked="" 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 checked="" 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: _____ 4/18/08 850-544-6646 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

FILED
08 APR 21 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



04182008 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-4406787

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

KNAP, PATTY
1300 MEDICAL DRIVE
TALLAHASSEE, FL 32308

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

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

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300124889683
04/22/08--01002--007 **143.75

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/18/08 **850-544-6646**
Date Daytime Phone #