2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007
Secretary of State

DOCUMENT# F99000001664

Entity Name: COGENT HEALTHCARE, INC.

Current Principal Place of Business:

2600 MICHELSON DR
1400
IRVINE, CA 92612

New Principal Place of Business:

Current Mailing Address:

PO BOX 30870
LAGUNA HILLS, CA 92654

New Mailing Address:

FEI Number: 33-0727542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PCEO	( ) Delete
Name:	FLEMING, GENE	
Address:	2600 MICHELSON DRIVE SOUTH 1400	
City-St-Zip:	IRVINE, CA 92612	
Title:	CMO	( ) Delete
Name:	GREENO, RONALD	
Address:	2600 MICHELSON DR STE 1400	
City-St-Zip:	IRVINE, CA 92612	
Title:	CFO	( ) Delete
Name:	THOMAS, TOBY	
Address:	2600 MICHELSON DR STE 1400	
City-St-Zip:	IRVINE, CA 92612	
Title:	D	( ) Delete
Name:	MILDER, DON	
Address:	2600 MICHELSON DR STE 1400	
City-St-Zip:	IRVINE, CA 92612	
Title:	D	( ) Delete
Name:	FISHMANN, ANDREW	
Address:	2600 MICHELSON DR STE 1400	
City-St-Zip:	IRVINE, CA 92612	
Title:	D	( ) Delete
Name:	MECKLENBURG, GARY	
Address:	2600 MICHELSON DR STE 1400	
City-St-Zip:	IRVINE, CA 92612	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	D	(X) Change ( ) Addition
Name:	DAYCH, DIANA	
Address:	2600 MICHELSON DR STE 1400	
City-St-Zip:	IRVINE, CA 92612	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOBY THOMAS CFO 05/01/2007

Electronic Signature of Signing Officer or Director — Date