2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2009
Secretary of State

DOCUMENT# F08000001110

Entity Name: COGENT HEALTHCARE MANAGEMENT, INC.

Current Principal Place of Business:

5410 MARYLAND WAY STE 300
BENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

5410 MARYLAND WAY STE 300
BENTWOOD, TN 37027

New Mailing Address:

FEI Number: 26-0139576 **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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: HOLMAN, RUSSELL MD
Address: 5410 MARYLAND WAY STE 300
City-St-Zip: BENTWOOD, TN 37027

Title: DT ( ) Delete
Name: BROWNIE, SUSAN
Address: 5410 MARYLAND WAY STE 300
City-St-Zip: BENTWOOD, TN 37027

Title: S ( ) Delete
Name: MEFFORD, DOUG
Address: 5410 MARYLAND WAY STE 300
City-St-Zip: BENTWOOD, TN 37027

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: AS ( ) Change (X) Addition
Name: HEES, DAVID
Address: 5410 MARYLAND WAY, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

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: DOUG MEFFORD S 01/22/2009

Electronic Signature of Signing Officer or Director — Date