


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 22, 2004 8:00 am**  
**Secretary of State**

04-22-2004 90013 048 \*\*\*150.00

<b>DOCUMENT # F99000001664</b>	
1. Entity Name <b>COGENT HEALTHCARE, INC.</b>	

Principal Place of Business <b>2600 MICHELSON DR 1400 IRVINE, CA 92612</b>	Mailing Address <b>PO BOX 30870 LAGUNA HILLS, CA 92654</b>
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**54038632**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03032004 Chg-P CR2E034 (10/03)

4. FEI Number <b>33-0727542</b>	Applied For <input type="checkbox"/> Not Applicable
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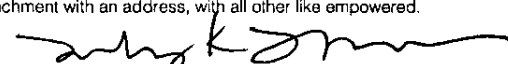
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUZANE, ALAN 2600 MICHELSON DR STE 1400 IRVINE, CA 92612 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached for additional Directors <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GREENO, RONALD 2600 MICHELSON DR STE 1400 IRVINE, CA 92612 <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	S THOMAS, TOBY 2600 MICHELSON DR STE 1400 IRVINE, CA 92612 <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	D ERRA, ROBERT 2600 MICHELSON DR STE 1400 IRVINE, CA 92612 <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	D FISHMANN, ANDREW 2600 MICHELSON DR STE 1400 IRVINE, CA 92612 <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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date _____ Daytime Phone # _____



Board of Directors

Attachments F99000001664

54038632

Alan Puzarne  
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Don Milder  
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