

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2005 8:00 am
Secretary of State

02-21-2005 90074 028 ***150.00

DOCUMENT # F99000001664	
1. Entity Name COGENT HEALTHCARE, INC.	



Principal Place of Business 2600 MICHELSON DR 1400 IRVINE, CA 92612	Mailing Address PO BOX 30870 LAGUNA HILLS, CA 92654
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20013873

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



01272005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 checked="" 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	CMO <input checked="" 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	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILDER, DON 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 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	D MECHLENBURG, GARY 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

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] 1/20/05 (949) 399-6049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
20013873
#99000001664
Cogent Healthcare, Inc.
Board of Directors

Andrew Fishmann
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