


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90182 010 ***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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 33-0727542	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
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 _____		
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 \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BD HILL, GENE 2600 MICHELSON DRIVE SOUTH 1400 IRVINE, CA 92612	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P, CEO, D Gene Fleming 2600 Michelson Dr. Ste 1400 Irvine, Ca 92612	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CMO GREENO, RONALD 2600 MICHELSON DR STE 1400 IRVINE, CA 92612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached for additional Directors	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO THOMAS, TOBY 2600 MICHELSON DR STE 1400 IRVINE, CA 92612	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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		
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		
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	D Gary Mecklenburg 2600 Michelson Dr Ste 1400 Irvine, Ca 92612	
12. 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 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: _____			Date: 4/27/06		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: CFO					