## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000001664

Entity Name: COGENT HEALTHCARE, INC.

FILED Jan 23, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
5410 MARYLAND WAY, SUITE 300 BRENTWOOD, CA 37027				5410 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027			
Current Mailing Address:				New Mailing Address:			
5410 MARYLAND WAY SUITE 100 BRENTWOOD, TN 37027				5410 MARYLAND WAY, SUITE 300 BRENTWOOD, TN 37027			
FEI Number:	: 33-0727542	FEI Number Applied For ( )	FEI Nur	mber Not App	licable ( )	Certificate of Status I	Desired ( )
Name and	Address of C	urrent Registered Agent:		Name and	Address of N	ew Registered Ago	ent:
1201 HAYS TALLAHAS	SSEE, FL 323	012525 US					
	named entity secondary of Florida.	submits this statement for the p	urpose c	of changing i	ts registered of	fice or registered ag	gent, or both,
SIGNATUR	RE:						
	Electror	ic Signature of Registered Age	∍nt			Date	
Election Car	mpaign Financin	g Trust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip: Title:	FLEMING, GEN 2600 MICHELS BRENTWOOD,	ON DRIVE SOUTH 1400		Title: Name: Address: City-St-Zip: Title:	FLEMING, GENI 5410 MARYLAN BRENTWOOD,	D WAY, SUITE 300	
Name: Address: City-St-Zip:	GREENO, RON	ALD ON DR STE 1400		Name: Address: City-St-Zip:	BROWNIE, SUS	AN D WAY, SUITE 300	
Title: Name: Address: City-St-Zip:	BROWNIE, SU	ID WAY SUITE 300		Title: Name: Address: City-St-Zip:	MEFFORD, DOL	D WAY SUITE 300	
Title: Name: Address: City-St-Zip:	MILDER, DON	Delete ON DR STE 1400 TN 37027		Title: Name: Address: City-St-Zip:	HOLMAN, RUSS	D WAY, SUITE 300	
Title: Name: Address: City-St-Zip:	FISHMANN, AN	ON DR STE 1400		Title: Name: Address: City-St-Zip:	GREENO, RON	D WAY, SUITE 300	
Title: Name: Address: City-St-Zip:	DAYCH, DIANA	ON DR STE 1400		Title: Name: Address: City-St-Zip:	MILDER, DON	Change ( ) Addition  D WAY, SUITE 300  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 01/23/2009