


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State

04-09-2004 90216 043 ****50.00

DOCUMENT # L02000015338 1. Entity Name COGENT HEALTHCARE OF FORT MYERS, LLC					
Principal Place of Business 100 WEST CYPRESS CREEK ROAD, SUITE 975 FORT LAUDERDALE, FL 33309			Mailing Address 100 WEST CYPRESS CREEK ROAD, SUITE 975 FORT LAUDERDALE, FL 33309		
2. Principal Place of Business 2776 Cleveland Ave Suite, Apt. #, etc. Care Mgmt Dept 8th FLR City & State Ft. Myers, FL Zip 33901		3. Mailing Address 2776 Cleveland Ave Suite, Apt. #, etc. Care Mgmt Dept. 8th FLR City & State Ft. Myers, FL Zip 33901			
4. FEI Number 75-3067930		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 103 NORTH MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____					
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PUZARNE, ALAN 2600 MICHELSON DRIVE, SUITE 1400 IRVINE, CA 92612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS THOMAS, TOBY 2600 MICHELSON DRIVE, SUITE 1400 IRVINE, CA 92612	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: <u>Toby Thomas</u> 3/9/04 949-3996000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					