

L02000015338

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 877999 5164981
AUTHORIZATION : *Patricia Kyzio*
COST LIMIT : \$ 25.00

ORDER DATE : September 8, 2004

ORDER TIME : 9:23 AM

ORDER NO. : 877999-015

CUSTOMER NO: 5164981

CUSTOMER: Ms. Jennifer Smith
Cogent Healthcare, Inc.
Suite 1400
2600 Michelson Dr
Irvine, CA 92612-6529

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CHANGE OF AGENT

NAME: COGENT HEALTHCARE OF FT.
MYERS, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER: _____

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: COGENT HEALTHCARE OF FORT MYERS, LLC

2. The mailing address of the limited liability company is: 2776 Cleveland Avenue

Care Management Department-8th Floor, Fort Myers, FL 33901

June 19, 2002

L02000015338

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Corpdirect Agents, Inc.

Name

103 North Meridian Street, Lower Level

Address

Tallahassee, FL 32301

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

Toby K. Thomas
(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
(Signature of Registered Agent)

Elva M. Shipkowski, Asst. Vice Pres.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

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