2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000015338

FILED
Apr 28, 2006
Secretary of State

Entity Name: COGENT HEALTHCARE OF FORT MYERS, LLC

Current Principal Place of Business:

2776 CLEVELAND AVE
CARE MGMT DEPT-8TH FLR
FORT MYERS, FL 33901 US

New Principal Place of Business:

Current Mailing Address:

2776 CLEVELAND AVE
CARE MGMT DEPT-8TH FLR
FORT MYERS, FL 33901 US

New Mailing Address:

2600 MICHELSON DR
1400
IRVINE, CA 92612 US

FEI Number: 75-3067930 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: ______________________________

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: COMPREHENSIVE HOSP P, HYSICIANS OF F L A, INC.
Address: 2600 MICHELSON DRIVE, SUITE 1400
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: TOBY THOMAS CFO 04/28/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date