2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State
04-14-2008 90221 014 ***138.75

60022337

04012008 Chg-LLC CR2E083 (12/06)

DOCUMENT # L02000015338

1. Entity Name
COGENT HEALTHCARE OF FORT MYERS, LLC

Principal Place of Business	Mailing Address
2776 CLEVELAND AVE CARE MGMT DEPT-8TH FLR FORT MYERS, FL 33901 US	2600 MICHELSON DR 1400 IRVINE, CA 92612 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
5410 Maryland Way		5410 Maryland Way	
Suite, Apt. #, etc.: Suite 300		Suite, Apt. #, etc.: Suite 300	
City & State: Brentwood, TN		City & State: Brentwood, TN	
Zip: 37027	Country: USA	Zip: 37027	Country: USA

4. FEI Number 75-3067930 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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 ______________________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE	MGRM ☐ Delete	TITLE	MGRM ☒ Change ☐ Addition
NAME	COMPREHENSIVE HOSP PHYSICIANS OF FLA, INC.	NAME	Comprehensive Hosp. Physicians of Florida, Inc.
STREET ADDRESS	~~2600 MICHELSON DRIVE, SUITE 1400~~	STREET ADDRESS	5410 Maryland Way, Suite 300
CITY-ST-ZIP	~~IRVINE, CA 92612~~	CITY-ST-ZIP	Brentwood, TN 37027
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

11. 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 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: [signature] Doug Mefford 4/1/2008 615-377-5595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #