2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2004 8:00 am
Secretary of State
04-09-2004 90216 042 ****50.00

DOCUMENT # L02000024308

1. Entity Name
COGENT HEALTHCARE OF PENSACOLA, LLC

24038509

Principal Place of Business	Mailing Address
100 WEST CYPRESS CREEK ROAD, STE. 975 FORT LAUDERDALE, FL 33309	100 WEST CYPRESS CREEK ROAD, STE. 975 FORT LAUDERDALE, FL 33309

03032004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business		3. Mailing Address	
1000 West Moreno St		1000 WEST MORENO ST	
Suite, Apt. #, etc.: Baptist Hosp. Med. Serv. Dept		Suite, Apt. #, etc.: BAPTIST HOSP MED SRV DEPT	
City & State: Pensacola, FL		City & State: PENSACOLA, FL	
Zip: 32501	Country: USA	Zip: 32501	Country: USA

4. FEI Number ~~33-0838223~~ 45-0487032 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$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 **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

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	PD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PUZARNE, ALAN		NAME		
STREET ADDRESS	2600 MICHELSON DR., SUITE 1400		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 92612		CITY-ST-ZIP		
TITLE	TS	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	THOMAS, TOBY		NAME		
STREET ADDRESS	2600 MICHELSON DR., SUITE 1400		STREET ADDRESS		
CITY-ST-ZIP	IRVINE, CA 92612		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
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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 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: Toby Thomas 3/5/04 949-399 6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #