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ACCOUNT NO. : 072100000032 REFERENCE : 877999 5164981 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: September 8, 2004 ORDER TIME : 9:25 AM ORDER NO. : 877999-020 CUSTOMER NO: 5164981 CUSTOMER: Ms. Jennifer Smith Cogent Healthcare, Inc. Suite 1400 2600 Michelson Dr Irvine, CA 92612-6529 CHANGE OF AGENT COGENT HEALTHCARE OF NAME: PENSACOLA, 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 PENSACOLA, LLC
2. The mailing address of the limited liability company is: 1000 West Moreno Street
Baptist Hospital Medical Service Department, Pensacola, FL 32501
Septmember 18, 2002 L02000024308
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
Addition Fig. 2000d
Tallahassee, FL 32301 City, State and Zip
City, State and Zip
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
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.
~1-K->>
(Signature of a member or authorized representative of a member)
Toby K. Thomas
(Printed or typed name of signee)
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 of Registered Agent)
Elva M. Shipkowski, Asst. Vice Pres.  Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

INHS18(10/99)