

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L02000024308

FILED
Mar 16, 2006
Secretary of State

Entity Name: COGENT HEALTHCARE OF PENSACOLA, LLC

Current Principal Place of Business:

1000 WEST MORENO ST
BAPTIST HOSP. MED SERV. DEPT
PENSACOLA, FL 32501

New Principal Place of Business:

800 MEADOWS ROAD
MEDICAL STAFF SERVICES
BOCA RATON, FL 33486

Current Mailing Address:

1000 WEST MORENO ST
BAPTIST HOSP. MED SERV. DEPT
PENSACOLA, FL 32501

New Mailing Address:

2600 MICHELSON
SUITE 1400
IRVINE, CA 92612

FEI Number: 45-0487032

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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: BETTY JEAN KONIECZNY

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: PD () Delete
Name: PUZARNE, ALAN
Address: 2600 MICHELSON DR., SUITE 1400
City-St-Zip: IRVINE, CA 92612

Title: TS () Delete
Name: THOMAS, TOBY
Address: 2600 MICHELSON DR., SUITE 1400
City-St-Zip: IRVINE, CA 92612

ADDITIONS/CHANGES:

Title: PD (X) Change () Addition
Name: FLEMING, GENE
Address: 2600 MICHELSON DR., SUITE 1400
City-St-Zip: IRVINE, CA 92612

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 K THOMAS

TS

03/16/2006

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