

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024308

FILED
May 01, 2007
Secretary of State

Entity Name: COGENT HEALTHCARE OF PENSACOLA, LLC

Current Principal Place of Business:

800 MEADOWS ROAD
MEDICAL STAFF SERVICES
BOCA RATON, FL 33486

New Principal Place of Business:

Current Mailing Address:

2600 MICHELSON
SUITE 1400
IRVINE, CA 92612

New Mailing Address:

FEI Number: 45-0487032 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

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: PD () Delete
Name: FLEMING, GENE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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

TS

05/01/2007

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