


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90221 016 ***138.75

DOCUMENT # L02000024308

1. Entity Name
COGENT HEALTHCARE OF PENSACOLA, LLC



Principal Place of Business
**800 MEADOWS ROAD
 MEDICAL STAFF SERVICES
 BOCA RATON, FL 33486**

Mailing Address
**2600 MICHELSON
 SUITE 1400
 IRVINE, CA 92612**

60022335



2. Principal Place of Business - No P.O. Box #
5410 Maryland Way

3. Mailing Address
5410 Maryland Way

Suite, Apt. #, etc.
Suite 300

Suite, Apt. #, etc.
Suite 300

03262008 Chg-LLC CR2E083 (12/06)

City & State
Brentwood, TN

City & State
Brentwood, TN

Zip
37027

Country
USA

Zip
37027

Country
USA

4. FEI Number
45-0487032

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
PD	FLEMING, GENE	2600 MICHELSON DR., SUITE 1400	IRVINE, CA 92612	<input checked="" type="checkbox"/>
TS	THOMAS, TOBY	2600 MICHELSON DR., SUITE 1400	IRVINE, CA 92612	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Joanne Loeper	5410 Maryland Way, Suite 300	Brentwood, TN 37027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Treasurer	Susan Brownie	5410 Maryland Way, Suite 300	Brentwood, TN 37027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Secretary	Doug Metford	5410 Maryland Way, Suite 300	Brentwood, TN 37027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Assistant Treasurer	David Hees	5410 Maryland Way, Suite 300	Brentwood, TN 37027	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Doug Metford* **Doug Metford** **4/11/2008**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #