

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024308

FILED  
Jan 05, 2011  
Secretary of State

**Entity Name:** COGENT HEALTHCARE OF PENSACOLA, LLC

**Current Principal Place of Business:**

5410 MARY LAND WAY STE 300  
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

5410 MARY LAND WAY STE 300  
BRENTWOOD, TN 37027

**New Mailing Address:**

FEI Number: 45-0487032

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: LOEPER, JOANNE  
Address: 5410 MARYLAND WAY STE 300  
City-St-Zip: BRENTWOOD, TN 37027

Title: T  
Name: BROWNIE, SUSAN  
Address: 5410 MARYLAND WAY STE 300  
City-St-Zip: BRENTWOOD, TN 37027

Title: S  
Name: MEFFORD, DOUG  
Address: 5410 MARYLAND WAY STE 300  
City-St-Zip: BRENTWOOD, TN 37027

Title: AT  
Name: HEES, DAVID  
Address: 5410 MARYLAND WAY STE 300  
City-St-Zip: BRENTWOOD, TN 37027

I hereby 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: DOUG MEFFORD

S

01/05/2011

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