

LO6000116458

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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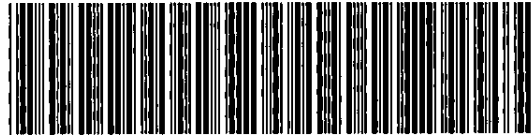
(Business Entity Name)

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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

MAR 21 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 490246 7604415

AUTHORIZATION :

COST LIMIT : \$ 25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : March 18, 2008

ORDER TIME : 3:28 PM

ORDER NO. : 490246-010

CUSTOMER NO: 7604415

CHANGE OF AGENT

NAME: OHG/COGENT OF OCALA, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Jeanine Reynolds -- EXT# 2933

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: OHG/COGENT OF OCALA, LLC
2. The mailing address of the limited liability company is : 538 SW 45TH STREET  
OCALA, FL 34474

12/06/2006 L06000116458  
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:

Mary D.O. Lagorio  
Name  
538 SW 45th Street  
Address  
Ocala, FL 34474  
City, State and Zip

6. The name and address of the new registered agent and/or office:

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.

*[Signature]* *Secretary to Comprehensive Hosp. Physicians of Florida, Inc., manager*  
(Signature of a member or authorized representative of a member)

*Doug McFarland*  
(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]* **Jeanine Reynolds**  
(Signature of Registered Agent) **as its agent**

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**  
**FILING FEE: \$25.00**

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