
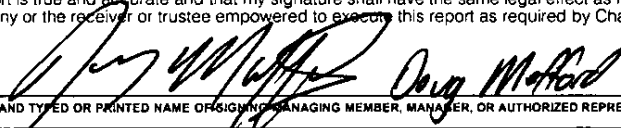


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

04-14-2008 90221 015 ***138.75

DOCUMENT # L06000116458 1. Entity Name OHG/COGENT OF OCALA, LLC					
Principal Place of Business 538 SW 45TH STREET OCALA, FL 34474 US			Mailing Address 538 SW 45TH STREET OCALA, FL 34474 US		
2. Principal Place of Business - No P.O. Box # 5410 Maryland Way Suite, Apt. #, etc. Suite 300 City & State Brentwood, TN Zip 37027		3. Mailing Address 5410 Maryland Way Suite, Apt. #, etc. Suite 300 City & State Brentwood, TN Zip 37027		4. FEI Number 20-8013864 Applied For <input type="checkbox"/> Not Applicable	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LAGORIO, MARY D.O. 538 SW 45TH STREET OCALA, FL 34474		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Comprehensive Hospital Physicians of Florida, Inc. 5410 Maryland Way, Suite 300 Brentwood, TN 37027	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Ocala Hospitalist Group, P.A. 538 S.W. 45th Street Ocala, FL 34474	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: 			Date 4/1/2008		Daytime Phone # 615-377-5595