

L06000 116458

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B. KOHR
JUL 22 2009
EXAMINER

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09 JUL 21 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 072796 7604415
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 55.00

ORDER DATE : July 21, 2009
ORDER TIME : 2:57 PM
ORDER NO. : 072796-005
CUSTOMER NO: 7604415

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TALLAHASSEE, FLORIDA

DOMESTIC AMENDMENT FILING

NAME: OHG/COGENT OF OCALA, LLC

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XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman -- EXT# 2908

EXAMINER'S INITIALS: _____

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

OHG/Cogent of Ocala, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 12/06/2006 and assigned
Florida document number L06000116458.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Cogent Healthcare of Ocala, L.L.C.

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Mary Lagorio, M.D.	538 SW 45th Street Ocala, FL 34474	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Ocala Hospitalist Group PA	538 SW 45th Street Ocala, FL 34474	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

July 20

2009

Signature of a member or authorized representative of a member

Doug Mefford, Secretary, Member – Comprehensive Hospital Physicians of
Florida, Inc.

Typed or printed name of signee