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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)			
PICK-UP	WAIT MAIL			
	Business Entity Name)			
n (Document Number)			
Certified Copies	Certificates of Status			
Special Instructions	to Filing Officer:			
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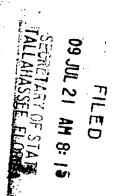


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B. KOHR
JUL 2 2 2009

EXAMINER





ACCOUNT NO. : I2000000195

REFERENCE: 072796 7604415

AUTHORIZATION :

COST LIMIT

ORDER DATE: July 21, 2009

ORDER TIME : 2:57 PM

ORDER NO. : 072796-005

CUSTOMER NO: 7604415

DOMESTIC AMENDMENT FILING

NAME: OHG/COGENT OF OCALA, LLC

XX ARTICLES OF AMENDMENT

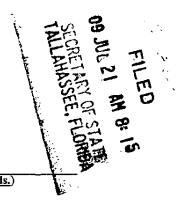
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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)

The Articles of Organization for this Limited Liability Company were filed	d on12/06/2006 an	d assigned	
Florida document numberL06000116458			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability comp	pany here:		
Cogent Healthcare of Ocala	a, L.L.C.		
The new name must be distinguishable and end with the words "Limited Liabili "L.L.C."	ty Company," the designation "LLC" of	the abbreviation	
Enter new principal offices address, if applicable:		一一一	
(Principal office address MUST BE A STREET ADDRESS)		2000年	
Enter new mailing address, if applicable:		5	
(Mailing address MAY BE A POST OFFICE BOX)		-	
B. If amending the registered agent and/or registered office address here: Name of New Registered Agent:	ress on our records, <u>enter the na</u>	me of the new	
Maint 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>	Address	Type of Action
MGRM	Mary Lagorio, M.D.	538 SW 45th Street Ocala, FL 34474	Add Remove
MGR_	Ocala Hospitalist Group PA	538 SW 45th Street Ocala, FL 34474	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	
_			
 	ah 20 20	109	
	D-1811		
	Doug Mefford, Secretary, Mem	or authorized representative of a member heer - Comprehensive Hospital Physicians or printed name of signee	of

Page 2 of 2

Filing Fee: \$25.00