

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116458

FILED
Jan 05, 2011
Secretary of State

Entity Name: COGENT HEALTHCARE OF OCALA, L.L.C.

Current Principal Place of Business:

5410 MARYLAND WAY STE 300
BRENTWOOD, TN 37027 US

New Principal Place of Business:

Current Mailing Address:

5410 MARYLAND WAY STE 300
BRENTWOOD, TN 37027 US

New Mailing Address:

FEI Number: 20-8013864

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: MGRM
Name: COMPREHENSIVE HOSPITAL PHYSICIANS FL
Address: 5410 MARYLAND WAY STE 300
City-St-Zip: BRENTWOOD, TN 37027

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

Title: D
Name: HOLMAN, RUSSELL MD
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