2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

DOCUMENT# L09000008329

Entity Name: COGENT HEALTHCARE OF JACKSONVILLE, LLC

Current Principal Place of Business:

5410 MARYLAND WAY, SUITE 300
BRENTWOOD, TN 37027

New Principal Place of Business:

Current Mailing Address:

5410 MARYLAND WAY, SUITE 300
BRENTWOOD, TN 37027

New Mailing Address:

FEI Number: 37-1579699 **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 OF FL
Address: 5410 MARYLAND WAY, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: P
Name: LOEPER, JOANNE
Address: 5410 MARYLAND WAY, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: T
Name: BROWNIE, SUSAN
Address: 5410 MARYLAND WAY, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: AS
Name: MEFFORD, DOUG
Address: 5410 MARYLAND WAY, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: AT
Name: HEES, DAVID
Address: 5410 MARYLAND WAY, SUITE 300
City-St-Zip: BRENTWOOD, TN 37027

Title: S
Name: ELLIS, LINDA
Address: 5410 MARYLAND WAY, SUITE 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 Statues.

SIGNATURE: DOUG MEFFORD AS 01/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date