P95000097466

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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OCT 05 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: COGENT CLINICAL COMPLIANCE SYSTEMS, INC.
Name of Corporation

DOCUMENT NUMBER: P95000097466

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Thomas
Name of Contact Person

Legalzoom.com Inc
Firm/Company

100 West Broadway Blvd.
Address

Glendale, CA 91210
City/State and Zip Code

onlinefilings@legalzoom.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Thomas at (323) 962-8600 X7858
Name of Contact Person — Area Code & Daytime Telephone Number

Enclosed is a $35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

CR2E045 (8/05)

September 27, 2011

Florida Department of State
Amendment Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: **Statement of Change of Registered Office or Registered Agent or Both**
Cogent Clinical Compliance Systems, Inc.
LZ order # **501560402**

Dear Sir or Madam:

Attached for filing, please find the **Statement of Change of Registered Office or Registered Agent or Both** for the above entity along with a check for $35.00 for the filing fees.

Please return the filed document to:

Legalzoom.com, Inc.
Attn: Sarah Thomas
100 Broadway Blvd. Suite 100
Glendale, CA 91210

Thank you for your help, and I look forward to working with you again in the future.

Sincerely,

Sarah Thomas
LegalZoom.com, Inc.
(323) 962-8600 X7858

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida *in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the corporation: COGENT CLINICAL COMPLIANCE SYSTEMS, INC.

2. The principal office address: 5385 ENDICOTT PLACE OVIEDO Florida 32765

3. The mailing address (if different):

4. Date of incorporation/qualification: 12/20/1995 Document number: P95000097466

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

MCDONOUGH, DEBORAH L

5385 ENDICOTT PLACE

OVIEDO FL 32765 US

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DIVISION OF CORPORATIONS
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6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

United States Corporation Agents, Inc.

13302 Winding Oaks Blvd. Suite A-100

P.O Box NOT acceptable

Tampa, FL 33612-3425

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Signature of an officer or director

Randy A. Dayle, President / CEO
Printed or typed name and title

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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

Signature of Registered Agent

7.28.11
Date

If signing on behalf of an entity:

Jake Varghese, Vice President
Typed or Printed Name

*** * * FILING FEE: $35.00 * * ***

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (8/05)