

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000024308

Entity Name: COGENT HEALTHCARE OF PENSACOLA, LLC**Current Principal Place of Business:**5410 MARYLAND WAY
STE. 300
BRENTWOOD, TN 37027**Current Mailing Address:**5410 MARYLAND WAY
STE. 300
BRENTWOOD, TN 37027 US**FEI Number:** 45-0487032**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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

Authorized Person(s) Detail :

Title	PRESIDENT
Name	BESSLER, ROBERT A.
Address	5410 MARYLAND WAY STE. 300
City-State-Zip:	BRENTWOOD TN 37027

Title	TREASURER
Name	LARSEN, JAMISON
Address	5410 MARYLAND WAY STE. 300
City-State-Zip:	BRENTWOOD TN 37027

Title	ASST. SECRETARY
Name	COOK, NICHOLAS
Address	5410 MARYLAND WAY STE 300
City-State-Zip:	BRENTWOOD TN 37027

Title	SECRETARY
Name	MCCARTY, STEVEN
Address	5410 MARYLAND WAY STE. 300
City-State-Zip:	BRENTWOOD TN 37027

Title	MEMBER
Name	COMPREHENSIVE HOSPITAL PHYSICIANS OF FLORIDA, INC., .
Address	5410 MARYLAND WAY STE. 300
City-State-Zip:	BRENTWOOD TN 37027

Title	ASST. SECRETARY
Name	VAUGHAN, LINDSEY
Address	5410 MARYLAND WAY STE. 300
City-State-Zip:	BRENTWOOD TN 37027

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LINDSEY VAUGHAN**ASSISTANT SECRETARY** 04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date