

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000116458

Entity Name: COGENT HEALTHCARE OF OCALA, L.L.C.**Current Principal Place of Business:**1123 PACIFIC AVENUE
TACOMA, WA 98402**Current Mailing Address:**1123 PACIFIC AVENUE
TACOMA, WA 98402 US**FEI Number:** 20-8013864**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 MGRM
Name COMPREHENSIVE HOSPITAL
PHYSICIANS FL
Address 5410 MARYLAND WAY STE 300
City-State-Zip: BRENTWOOD TN 37027

Title SECRETARY
Name MCCARTY, STEVEN
Address 1123 PACIFIC AVENUE
City-State-Zip: TACOMA WA 98402

Title TREASURER
Name PARKER, DENA
Address 5410 MARYLAND WAY STE 300
City-State-Zip: BRENTWOOD TN 37027

Title AUTHORIZED MEMBER
Name KUERBITZ, RONALD
Address 1123 PACIFIC AVENUE
City-State-Zip: TACOMA WA 98402

Title AUTHORIZED MEMBER, PRESIDENT
Name BESSLER, ROBERT A.
Address 1123 PACIFIC AVENUE
City-State-Zip: TACOMA WA 98402

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

Title AUTHORIZED MEMBER
Name CAPUTO, MARK
Address 1123 PACIFIC AVENUE
City-State-Zip: TACOMA WA 98402

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: STEVEN MCCARTY**SECRETARY****03/25/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date