2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2019
Secretary of State
2315541484CC

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Entity Name: COGENT HEALTHCARE OF JACKSONVILLE, LLC

Current Principal Place of Business:

1498 PACIFIC AVENUE
SUITE 400
TACOMA, WA 98402

Current Mailing Address:

1498 PACIFIC AVENUE
SUITE 400
TACOMA, WA 98402 US

FEI Number: 37-1579699

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	AUTHORIZED MEMBER
Name	COMPREHENSIVE HOSPITAL PHYSICIANS OF FLORIDA, INC.
Address	1498 PACIFIC AVENUE SUITE 400
City-State-Zip:	TACOMA WA 98402

Title	PRESIDENT
Name	BESSLER, ROBERT A.
Address	1498 PACIFIC AVENUE 400
City-State-Zip:	TACOMA WA 98402

Title	SECRETARY
Name	MCCARTY, STEVEN
Address	1498 PACIFIC AVENUE 400
City-State-Zip:	TACOMA WA 98402

Title	ASST. SECRETARY
Name	VAUGHAN, LINDSEY
Address	1498 PACIFIC AVENUE SUITE 400
City-State-Zip:	TACOMA WA 98402

Title	AUTHORIZED MEMBER
Name	CAPUTO, MARK
Address	1498 PACIFIC AVENUE 400
City-State-Zip:	TACOMA WA 98402

Title	TREASURER
Name	BRINK, PETER
Address	1498 PACIFIC AVENUE 400
City-State-Zip:	TACOMA WA 98402

Title	ASST. SECRETARY
Name	COOK, NICHOLAS
Address	5410 MARYLAND WAY 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 04/15/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date