2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2014
Secretary of State
CC6821579689

DOCUMENT# L09000008329

Entity Name: COGENT HEALTHCARE OF JACKSONVILLE, LLC

Current Principal Place of Business:

5410 MARYLAND WAY, SUITE 300
BRENTWOOD, TN 37027

Current Mailing Address:

5410 MARYLAND WAY, SUITE 300
BRENTWOOD, TN 37027

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	MGRM
Name	COMPREHENSIVE HOSPITAL PHYSICIANS OF FL
Address	5410 MARYLAND WAY, SUITE 300
City-State-Zip:	BRENTWOOD TN 37027

Title	TREASURER
Name	LAGALIA, R. ROBERT
Address	5410 MARYLAND WAY, SUITE 300
City-State-Zip:	BRENTWOOD TN 37027

Title	ASSISTANT TREASURER
Name	VO, TUYEN
Address	5410 MARYLAND WAY, SUITE 300
City-State-Zip:	BRENTWOOD TN 37027

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

Title	SECRETARY
Name	COOK, NICHOLAS
Address	5410 MARYLAND WAY, SUITE 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: NICHOLAS COOK SECRETARY 01/14/2014

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