2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2017
Secretary of State
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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
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	Title	AUTHORIZED MEMBER
Name	BESSLER, ROBERT A	Name	CAPUTO, MARK
Address	1498 PACIFIC AVENUE 400	Address	1498 PACIFIC AVENUE 400
City-State-Zip:	TACOMA WA 98402	City-State-Zip:	TACOMA WA 98402
Title	AUTHORIZED MEMBER	Title	PRESIDENT
Name	KUERBITZ, RONALD	Name	BESSLER, ROBERT A.
Address	1498 PACIFIC AVENUE 400	Address	1498 PACIFIC AVENUE 400
City-State-Zip:	TACOMA WA 98402	City-State-Zip:	TACOMA WA 98402
Title	TREASURER	Title	SECRETARY
Name	BRINK, PETER	Name	MCCARTY, STEVEN
Address	1498 PACIFIC AVENUE 400	Address	1498 PACIFIC AVENUE 400
City-State-Zip:	TACOMA WA 98402	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: STEVEN MCCARTY SECRETARY 05/01/2017

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