

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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****03/09/2015**_____
Electronic Signature of Signing Authorized Person(s) Detail_____
Date