

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000078794

Entity Name: NCOGENT, LLC

Current Principal Place of Business:

8615 SW 119 STREET
MIAMI, FL 33156

Current Mailing Address:

8615 SW 119 STREET
MIAMI, FL 33156

FEI Number: 45-2751918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PAPPAS, JOHN MPH.D.
8615 SW 119 STREET
MIAMI, FL 33156 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 MGR
Name PAPPAS, JOHN MPH.D.
Address 8615 SW 119 STREET
City-State-Zip: MIAMI FL 33156

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOHN M PAPPAS

01/25/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date