

1.) CORPORATION NAME: Cogent Healthcare of Virginia Inc. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CORPORATION SERVICE COMPANY Bank of America Center, 16th Floor 1111 East Main Street RICHMOND, VA 23219	DUE DATE: 2/28/2013 SCC ID NO: 06908222 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>100</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	100
CLASS	AUTHORIZED				
COMMON	100				
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: RICHMOND CITY					
4.) STATE OR COUNTRY OF INCORPORATION: VA					

6.) PRINCIPAL OFFICE ADDRESS: ADDRESS: 5410 MARYLAND WAY, SUITE 300 CITY/ST/ZIP: BRENTWOOD, TN 37027
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7.) DIRECTORS AND PRINCIPAL OFFICERS:	All directors and principal officers must be listed. An individual may be designated as both a director and an officer.
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NAME: JULIA WRIGHT TITLE: PRESIDENT ADDRESS: 5410 MARYLAND WAY, SUITE 300 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027-5339	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: DOUG MEFFORD TITLE: SECRETARY ADDRESS: 5410 MARYLAND WAY SUITE 300 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: MARTIN FALLON TITLE: ASST SECRETARY ADDRESS: 5410 MARYLAND WAY SUITE 300 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: R. ROBERT LAGALIA TITLE: TREASURER ADDRESS: 5410 MARYLAND WAY, SUITE 300 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: DAVID HEES TITLE: ASST TREASURER ADDRESS: 5410 MARYLAND WAY STE 300 CITY/ST/ZIP/CO: BRENTWOOD, NJ 37027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ DOUG MEFFORD	DOUG MEFFORD, SECRETARY	1/28/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.