

1.) CORPORATION NAME:

Cogent Healthcare Management, Inc.

DUE DATE: **4/30/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

CORPORATION SERVICE COMPANY

Bank of America Center, 16th Floor

1111 East Main Street

SCC ID NO: **F1745134**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	100

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NV

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 5410 MARYLAND WAY STE 300

CITY/ST/ZIP: BRENTWOOD, TN 37027-

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME:	RUSSELL HOLMAN MD	
TITLE:	PRESIDENT	
ADDRESS:	5410 MARYLAND WAY STE 300	
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027-5339	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	LINDA ELLIS	
TITLE:	SECRETARY	
ADDRESS:	5410 MARYLAND WAY SUUITE 300	
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027-	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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
NAME:	DOUG MEFFORD	
TITLE:	ASST SECRETARY	
ADDRESS:	5410 MARYLAND WAY STE 300	
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027-5339	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	DAVID HEES	
TITLE:	ASST T	
ADDRESS:	5410 MARYLAND WAY STE 300	
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027-5339	

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME:	SUSAN BROWNIE	
TITLE:	TREASURER	
ADDRESS:	5410 MARYLAND WAY STE 300	
CITY/ST/ZIP/CO:	BRENTWOOD, TN 37027-5339	

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.

<u>/s/ DOUG MEFFORD</u>	<u>DOUG MEFFORD, ASST</u>	<u>3/1/2012</u>
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	SECRETARY 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.