

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013953

FILED  
Jan 14, 2004  
Secretary of State

Entity Name: HUDSON OFFICE, L.L.C.

**Current Principal Place of Business:**

7544 JACQUE ROAD  
HUDSON, FL 34667

**New Principal Place of Business:**

**Current Mailing Address:**

7544 JACQUE ROAD  
HUDSON, FL 34667

**New Mailing Address:**

FEI Number: 59-3738656

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

GASSMAN, ALAN S ESQUIRE  
1245 COURT STREET, SUITE 102  
CLEARWATER, FL 33756 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: KATZ, RICHARD J M.D.  
Address: 5319 GRAND BOULEVARD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete  
Name: GOMEZ, JOSE G M.D.  
Address: 5319 GRAND BOULEVARD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete  
Name: BENNETT, CRAIG R M.D.  
Address: 5319 GRAND BOULEVARD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete  
Name: HIGGINS, NORMAN H MD  
Address: 5349 GRAND BLVD  
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: MGRM ( ) Delete  
Name: DAVIS, BRENT A MD  
Address: 5319 GRAND BLVD.  
City-St-Zip: NEW PORT RICHEY, FL 34652

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: DAVIS, BRENT A

MGRM

01/14/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date