

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000013953

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

FILED
Apr 28, 2008
Secretary of State

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:

BOTTOM, BARBARA
324 HAMMOCK DR
PALM HARBOR, FL 34683 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: BARBARA BOTTOM

04/28/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

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

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

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: KATZ, RICHARD J M.D.
Address: 7544 JACQUE ROAD
City-St-Zip: HUDSON, FL 34667

Title: MGR (X) Change () Addition
Name: GOMEZ, JOSE G M.D.
Address: 7544 JACQUE ROAD
City-St-Zip: HUDSON, FL 34667

Title: MGR (X) Change () Addition
Name: BENNETT, CRAIG R M.D.
Address: 7544 JACQUE ROAD
City-St-Zip: HUDSON, FL 34667

Title: MGR (X) Change () Addition
Name: HIGGINS, NORMAN H MD
Address: 7544 JACQUE ROAD
City-St-Zip: HUDSON, FL 34667

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: RICHARD J KATZ

MGR

04/28/2008

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