

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000026188

FILED
Apr 27, 2011
Secretary of State

Entity Name: JANICE M. HUDSON, M.D. FAMILY MEDICINE, PLLC

Current Principal Place of Business:

362 GULF BREEZE PARKWAY #272
GULF BREEZE, FL 32561

New Principal Place of Business:

2667 EDMUND DR
GULF BREEZE, FL 32563

Current Mailing Address:

362 GULF BREEZE PARKWAY #272
GULF BREEZE, FL 32561

New Mailing Address:

FEI Number: 80-0158846 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HUDSON, JANICE M MD
2667 EDMUND DR
GULF BREEZE, FL 32563 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/MANAGERS:

Title: MGR
Name: HUDSON, JANICE M MD
Address: 2667 EDMUND DR
City-St-Zip: GULF BREEZE, FL 32563

I hereby 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: JANICE M HUDSON MGR 04/27/2011

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