

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062959

FILED
Apr 20, 2009
Secretary of State

Entity Name: HAP HUDSON PRO REHABILITATION PERFORMANCE LLC

Current Principal Place of Business:

640 BROOKER CREEK RD., #425
OLDSMAR, FL 34677

New Principal Place of Business:

640 BROOKER CREEK BLVD., #425
OLDSMAR, FL 34677

Current Mailing Address:

640 BROOKER CREEK RD., #425
OLDSMAR, FL 34677

New Mailing Address:

640 BROOKER CREEK BLVD., #425
OLDSMAR, FL 34677

FEI Number: 61-1566774

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

HUDSON, DAVID KELLY
1819 WINSLOE DRIVE
TRINITY, FL 34655 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: MGRM () Delete
Name: HUDSON, DAVID KELLY
Address: 1819 WINSLOE DRIVE
City-St-Zip: HUDSON, FL 34655

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HUDSON, DAVID KELLY
Address: 1819 WINSLOE DRIVE
City-St-Zip: TRINITY, FL 34655

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: DAVID KELLY HUDSON

MGRM

04/20/2009

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