

# **2013 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000062959

**FILED**  
**Dec 16, 2013**  
**Secretary of State**

**Entity Name:** HAP HUDSON PRO REHABILITATION PERFORMANCE LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**FEI Number:** 61-1566774

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** DAVID KELLY HUDSON

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** HUDSON, DAVID KELLY  
**Address:** 1819 WINSLOE DRIVE  
**City-St-Zip:** TRINITY, FL 34655

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:** DAVID KELLY HUDSON

MGRM

12/16/2013

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