

Apr 13 04 01:30p David Cross
Apr 13 04 10:03a

727-863-615 2:

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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TALLAHASSEE, FLORIDA

04/22/04 90083 037 \$5100.00



DOCUMENT # P0000077174					
1. Entity Name THE HEALTH CENTER OF HUDSON, INC.					
Principal Place of Business 7210 BEACON WOODS DR HUDSON, FL 34667		Mailing Address P.O. BOX 5487 HUDSON, FL 34667		4. FFI Number 59-3664427	
2. Principal Place of Business		3. Mailing Address		5. Certificate of Status Option <input type="checkbox"/> \$8.75 Additional Fee Required	
Suits, Act. # etc.		Suits, Act. # etc.		04132004 Chg. # CR2E034 (10/03)	
City & State		County Name		4. FFI Number 59-3664427	
Zip		Country		5. Certificate of Status Option <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 MAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent	
8. 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. I am familiar with, and accept the obligations of, registered agent.				Name: Street address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
SIGNATURE: _____				SIGNATURE: _____	
FILE NOW!!! PER IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. APPOINTMENTS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	NAME	STREET ADDRESS	CITY	TITLE	NAME
	D STRAWN, STEVE	3547 DETTY FORD DRIVE	MURFREESBORO, TN 37130		P, T, D David Cross
	P CROSS, DAVID W PRES/STR	7210 BEACON WOODS DR.	HUDSON, FL 34667		7210 Beacon Woods Dr Hudson, FL 34667
	S AYERS, JACQUILYN	421 W COLLEGE STREET	MURFREESBORO, TN 37130		S Jacquelyn Ayers PO BOX 11037 Murfreesboro TN 37129
12. I verify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the holder of trustee empowerment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 10 or Block 11 of changed or other attachments with an address, with as other file requested.					
SIGNATURE: _____			4/13/04 727-863-1521 Date		

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