

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000077174

**FILED**  
**Jan 14, 2011**  
**Secretary of State**

**Entity Name:** THE HEALTH CENTER OF HUDSON, INC.

**Current Principal Place of Business:**

7210 BEACON WOODS DR  
HUDSON, FL 34667

**New Principal Place of Business:**

3547 BETTY FORD ROAD  
DRIVEWAY #2  
MURFREESBORO, TN 37130

**Current Mailing Address:**

P.O. BOX 5487  
HUDSON, FL 34667

**New Mailing Address:**

P O BOX 11037  
MURFREESBORO, TN 37129

**FEI Number:** 59-3664427

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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

**OFFICERS AND DIRECTORS:**

Title: DPT  
Name: STRAWN, STEVE  
Address: 52 RILEY ROAD #381  
City-St-Zip: CELEBRATION, FL 34747

Title: S  
Name: AYERS, JACQUELYN  
Address: P O BOX 11037  
City-St-Zip: MURFREESBORO, TN 37129

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEVE STRAWN

DPT

01/14/2011

Electronic Signature of Signing Officer or Director

Date