## 2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21000092878

Entity Name: LEGACYMED, INC.

**Current Principal Place of Business:** 

3322 CASARE DRIVE MELBOURNE. FL 32940

**Current Mailing Address:** 

3322 CASARE DRIVE MELBOURNE. FL 32940 US

FEI Number: 87-1009167 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MERRILL, BRADLEY 3322 CASARE DRIVE MELBOURNE, FL 32940 US

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

FILED Apr 12, 2024

**Secretary of State** 

5681438360CC

## Officer/Director Detail:

Title DPTS Title VP

NameMERRILL, JACQUELYNNameMERRILL, BRADLEYAddress3322 CASARE DRIVEAddress3322 CASARE DRIVECity-State-Zip:MELBOURNE FL 32940City-State-Zip:MELBOURNE FL 32940

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: MERRILL, JACQUELYN

**PRESIDENT** 

04/12/2024