

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006344

1. Entity Name
LEGACY HEALTHCARE SERVICES, INC.

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90069 044 ***150.00

Principal Place of Business

164 Wind Chime Court
Raleigh, NC 27615

Mailing Address

164 Wind Chime Court
Raleigh, NC 27615

2. Principal Place of Business

164 wind chime CT

3. Mailing Address

164 wind chime CT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Raleigh, NC

City & State

Raleigh, NC

4. FEI Number 31-1679605

Applied For

Not Applicable

Zip

Country

27615 USA

Zip

Country

27615 USA

5. Certificate of Status Desired ☒

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GRAHAM, SCOTT
3125 COUNTRY CREEK LANE
ST AUGUSTINE FL 32086

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DP	<input type="checkbox"/> Delete
NAME	HOSKINS, SANDRA	
STREET ADDRESS	1143 G EXECUTIVE CIRCLE	164 windchime CT
CITY-ST-ZIP	CARY NC 27511-4571	Raleigh, NC 27615
TITLE	V	<input type="checkbox"/> Delete
NAME	LEARD, DAVID	
STREET ADDRESS	1143 G EXECUTIVE CIRCLE	164 wind chime CT
CITY-ST-ZIP	CARY NC 27511-4571	Raleigh, NC 27615
TITLE	S	<input type="checkbox"/> Delete
NAME	SEELEY, GREGORY	
STREET ADDRESS	600 SUPERIOR AVENUE EAST	
CITY-ST-ZIP	CLEVELAND OH 44114-2655	
TITLE	T	<input type="checkbox"/> Delete
NAME	BRUTCHER, ELLEN	
STREET ADDRESS	1143 G EXECUTIVE CIRCLE	164 wind chime CT
CITY-ST-ZIP	CARY NC 27511-4571	Raleigh, NC 27615
TITLE	V	<input type="checkbox"/> Delete
NAME	GARG, NAN	
STREET ADDRESS	1143 G EXECUTIVE CIRCLE	164 wind chime CT
CITY-ST-ZIP	CARY NC 27511-4571	Raleigh, NC 27615
TITLE	X	<input checked="" type="checkbox"/> Delete
NAME	CHARLTON, ANNETTE	
STREET ADDRESS	1143 G EXECUTIVE CIRCLE	
CITY-ST-ZIP	CARY NC 27511-4571	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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 receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/01

Date

919-424-5080

Daytime Phone #

CR2E034 (10/00)