BANK ONE RETAIL DELIVERY ☎ 810 984 1724 204

06/10/02 09:22 FAX 919 424 4310 LEGACY IS

FILED
Jun 17, 2002 8:00 am
Secretary of State
05-21-2002 91224 028 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000006344

1. Entity Name
LEGACY HEALTHCARE SERVICES, INC.

9-27-15

Principal Place of Business	Mailing Address
164 WIND CHIME CT RALEIGH NC 27615	164 WIND CHIME CT RALEIGH NC 27615

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 31-1679805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GRAHAM, SCOTT
3125 COUNTRY CREEK LANE
ST AUGUSTINE FL 32086

7. Name and Address of New Registered Agent

Name BETTY O'CONNOR
Street Address (P.O. Box Number is Not Acceptable)
4610 Thirabella
City St. Pete Beach FL Zip Code 33706

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 Betty O'Connor 6-10-02
Signature, titled or principal 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, 2002 Fee will be $550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. ☐ $8.00 May Be Added to Fee

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP HOSKINS, SANDRA 164 WIND CHIME CT RALEIGH NC 27615 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V LEARD, DAVID 164 WIND CHIME CT RALEIGH NC 27615 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WILLIAM SPELLMAN 164 WIND CHIME CT. RALEIGH, NC 27615 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SEELEY, GREGORY 600 SUPERIOR AVENUE EAST CLEVELAND OH 44114-2665 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MARYLIN KEATING 164 WIND CHIME CT. RALEIGH, NC 27615 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SPUTCHER, ELLEN 164 WIND CHIME CT RALEIGH NC 27615 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T SHARON HOSKINS 164 WIND CHIME CT. RALEIGH, NC 27615 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V GARG, NAN 164 WIND CHIME CT RALEIGH NC 27615 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CHARLTON, ANNETTE 1140 G EXECUTIVE CIRCLE CARY NC 27511-4971 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CRE0084 (9/01)

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: x Sandra Hoskins REQUIRED x 4/23/02 919-424-5081
SIGNATURE AND TITLE OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN ON BEHALF OF CORPORATION OR DIRECTOR Date Daytime Phone #