

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006344

FILED
Apr 22, 2004
Secretary of State

Entity Name: LEGACY HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

164 WIND CHIME CT
RALEIGH, NC 27615

New Principal Place of Business:

Current Mailing Address:

164 WIND CHIME CT
RALEIGH, NC 27615

New Mailing Address:

FEI Number: 31-1679605

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOSKINS, RICHARD
2171 CALUSA LAKES BLVD
NOKOKMIS, FL 34275 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOSKINS, SANDRA
Address: 164 WIND CHIME CT
City-St-Zip: RALEIGH, NC 27615

Title: V (X) Delete
Name: SPELLMAN, WILLIAM
Address: 164 WIND CHIME CT
City-St-Zip: RALEIGH, NC 27615

Title: S () Delete
Name: KEATING, MARYLIN
Address: 164 WIND CHIME CT
City-St-Zip: RALEIGH, NC 27615

Title: T () Delete
Name: HOSKINS, SHARON
Address: 164 WIND CHIME CT
City-St-Zip: RALEIGH, NC 27615

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: SANDRA HOSKINS

PRES

04/22/2004

Electronic Signature of Signing Officer or Director

Date