

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006344

FILED
Jan 14, 2009
Secretary of State

Entity Name: LEGACY HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

3001 SPRING FOREST RD.
RALEIGH, NC 27616

New Principal Place of Business:

Current Mailing Address:

3001 SPRING FOREST RD.
RALEIGH, NC 27616

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:

AULTMAN, JENNIFER
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: JENNIFER AULTMAN

01/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HOSKINS, SANDRA
Address: 3001 SPRING FOREST RD.
City-St-Zip: RALEIGH, NC 27616

Title: S () Delete
Name: KEATING, MARYLIN
Address: 3001 SPRING FOREST RD.
City-St-Zip: RALEIGH, NC 27616

Title: T () Delete
Name: HOSKINS, SHARON
Address: 3001 SPRING FOREST RD.
City-St-Zip: RALEIGH, NC 27616

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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

01/14/2009

Electronic Signature of Signing Officer or Director

Date