

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006344

FILED  
Jan 29, 2010  
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:**

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

**Name and Address of New Registered Agent:**

CT CORPORATION SYSTEM  
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: DALE COOK

01/29/2010

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: HOSKINS, SANDRA  
Address: 3001 SPRING FOREST RD.  
City-St-Zip: RALEIGH, NC 27616

Title: TREA  
Name: HOSKINS, SHARON  
Address: 3001 SPRING FOREST RD.  
City-St-Zip: RALEIGH, NC 27616

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: JOHN DARATONY

CFO

01/29/2010

Electronic Signature of Signing Officer or Director

Date