

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000006344

FILED
Feb 17, 2011
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:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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

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: SANDRA HOSKINS

PRES

02/17/2011

Electronic Signature of Signing Officer or Director

Date