

F99000006344

Legacy Healthcare Services  
164 Wind Chime Court  
Raleigh, NC 27615  
(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF DISTRICT COURT  
ALACHUA COUNTY, FLORIDA

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Ps 4/10/03

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
OHIO in order to change its registered office or registered agent, or both, in the State  
of Florida.

1. The name of the corporation: Legacy Healthcare Services, Inc.
2. The principal office address: 164 WIND CHIME COURT  
Raleigh NC 27615
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 12/7/99 Document number: F9900002016344

5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:

BETTY O'CONNOR  
4610 MIRABOLLE  
ST PETERSBURG BEACH, FL 33706

6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):

Richard Hoskins  
2171 CALUSA LAKES BLVD  
(P.O. Box or personal mailbox NOT acceptable)  
NO KOMIS, FL 34275

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Sandra Hoskins  
(Signature of an officer, chairman or vice chairman of the board)

Sandra Hoskins, President  
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete  
performance of my duties, and I am familiar with and accept the obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.

Richard P. Hoskins  
(Signature of Registered Agent)

4/1/03  
(Date)

If signing on behalf of an entity:

Richard P. Hoskins  
(Typed or Printed Name)

Agent  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*