2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2005
Secretary of State

DOCUMENT# L04000089235

Entity Name: LEGACY HEALTHCARE MANAGEMENT LLC

Current Principal Place of Business:

3986 LANCASHIRE LANE
LONGWOOD, FL 32779

New Principal Place of Business:

401 E. JACKSON STREET
ORLANDO, FL 32801

Current Mailing Address:

3986 LANCASHIRE LANE
LONGWOOD, FL 32779

New Mailing Address:

401 E. JACKSON STREET
ORLANDO, FL 32801

FEI Number: 20-2118641 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AM&E SERVICES LLC
605 EAST ROBINSON STREET, SUITE 730
ORLANDO, FL 32801 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

MANAGING MEMBERS/MEMBERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: LEGACY MANAGEMENT SE, RVICES LLC
Address: 401 E. JACKSON STREET
City-St-Zip: ORLANDO, FL 32801

Title: MGR ( ) Change (X) Addition
Name: LEWIS, RICHARD E PRES
Address: 3986 LANCASHIRE LANE
City-St-Zip: LONGWOOD, FL 32801

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD E. LEWIS PRES 04/22/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date