2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2006
Secretary of State

DOCUMENT# L04000089235

Entity Name: LEGACY HEALTHCARE MANAGEMENT LLC

Current Principal Place of Business:

401 E. JACKSON STREET
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

401 E. JACKSON STREET
ORLANDO, FL 32801

New Mailing Address:

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/MANAGERS:

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

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

ADDITIONS/CHANGES:

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 for the exemption stated in Chapter 119, 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 MGR 03/25/2006

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