2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 04, 2009
Secretary of State

DOCUMENT# L08000096093

Entity Name: LEGACY HEALTHCARE ADVISORS LLC

Current Principal Place of Business:

9822 LAKE LOUISE DRIVE
WINDERMERE, FL 34786

New Principal Place of Business:

189 SOUTH ORANGE AVENUE
SOUTH TOWER, SUITE 1150
ORLANDO, FL 32801

Current Mailing Address:

9822 LAKE LOUISE DRIVE
WINDERMERE, FL 34786

New Mailing Address:

189 SOUTH ORANGE AVENUE
SOUTH TOWER, SUITE 1150
ORLANDO, FL 32801

FEI Number: 26-3532514 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HUTCHISION, THOMAS J
9822 LAKE LOUISE DRIVE
WINDERMERE, FL 34786 US

Name and Address of New Registered Agent:

HUTCHISION, THOMAS J
6131 PAYNE STEWART DRIVE
WINDERMERE, FL 34786 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: 02/04/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: HUTCHINSON, THOMAS J III
Address: 9822 LAKE LOUISE DRIVE
City-St-Zip: WINDERMERE, FL 34786

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HUTCHINSON, THOMAS J III
Address: 6131 PAYNE STEWART DRIVE
City-St-Zip: WINDERMERE, FL 34786

I hereby certify that the information supplied with this filing does not qualify 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: THOMAS J HUTCHISON III MGRM 02/04/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date