

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074329

**FILED**  
**Jan 05, 2010**  
**Secretary of State**

**Entity Name:** LEGACY PHYSICIANS GROUP FLORIDA, LLC

**Current Principal Place of Business:**

2801 REGAL ROAD  
SUITE 108  
PLANO, TX 75075

**New Principal Place of Business:**

**Current Mailing Address:**

2801 REGAL ROAD  
SUITE 108  
PLANO, TX 75075

**New Mailing Address:**

**FEI Number:** 27-0662167

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SASTRY, SANJAY S  
153 TREVOR COURT  
LAKE MARY, FL 32746 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  
Name: SASTRY, VIVEK S  
Address: 2801 REGAL ROAD, SUITE 108  
City-St-Zip: PLANO, TX 75075 US

I hereby 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: VIVEK S. SASTRY

MGRM

01/05/2010

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