

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000102557

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** LEGACY FAMILY MEDICINE, LLC

**Current Principal Place of Business:**

11602 LAKE UNDERHILL ROAD  
STE 119  
ORLANDO, FL 32825

**New Principal Place of Business:**

**Current Mailing Address:**

11602 LAKE UNDERHILL ROAD  
STE 119  
ORLANDO, FL 32825

**New Mailing Address:**

**FEI Number:** 27-1442936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAW OFFICES OF JOHN L. DI MASI PA  
801 N ORANGE AVE STE 500  
ORLANDO, FL 32801 US

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

HARDY, PHILIP T MD  
11602 LAKE UNDERHILL RD  
STE 119  
ORLANDO, FL 32825 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: PHILIP T. HARDY MD

02/16/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HARDY, PHILLIP T MD  
Address: 11602 LAKE UNDERHILL ROAD  
City-St-Zip: ORLANDO, FL 32825

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: PHILIP T. HARDY

MGRM

02/16/2010

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