

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004768

FILED
Apr 16, 2008
Secretary of State

Entity Name: LEGACY OF CARE HEALTH CLINIC, INC.

Current Principal Place of Business:

4850 MOTOR YACHT DRIVE
JACKSONVILLE, FL 32225 US

New Principal Place of Business:

Current Mailing Address:

4850 MOTOR YACHT DRIVE
JACKSONVILLE, FL 32225 US

New Mailing Address:

FEI Number: 26-0166644

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MASSENGILL, LOLITA C ARNP
4850 MOTOR YACHT DRIVE
JACKSONVILLE, FL 32225 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

OFFICERS AND DIRECTORS:

Title: PRES () Delete
Name: MASSENGILL, LOLITA C ARNP
Address: 4850 MOTOR YACHT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

Title: VP () Delete
Name: FLORESCA, CIRILA RN
Address: 1486 SILVERBELL LANE
City-St-Zip: ORANGE PARK, FL 32073 US

Title: SEC () Delete
Name: BUNYI, GRACE RN
Address: 1998 RIVERBLUFF ROAD, NORTH
City-St-Zip: JACKSONVILLE, FL 32211 US

Title: TREA () Delete
Name: DEMDAM, ELVIRA RN
Address: 732 CAMP MILTON LANE
City-St-Zip: JACKSONVILLE, FL 32220 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOLITA C. MASSENGILL

ARNP

04/16/2008

Electronic Signature of Signing Officer or Director

Date