2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2010
Secretary of State

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Entity Name: LEGACY OF CARE HEALTH CLINIC, INC.

Current Principal Place of Business:

6665 BANBURY ROAD
JACKSONVILLE, FL 32211 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
Name: MASSENGILL, LOLITA C ARNP
Address: 4850 MOTOR YACHT DRIVE
City-St-Zip: JACKSONVILLE, FL 32225 US

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

Title: SEC
Name: DAVID, PAZ RN
Address: 12438 JEREMYS LANDING COURT
City-St-Zip: JACKSONVILLE, FL 32258 US

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

I hereby 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 all other like empowered.

SIGNATURE: LOLITA C. MASSENGILL PRES 01/06/2010

Electronic Signature of Signing Officer or Director Date