

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000004768

FILED  
Jan 08, 2012  
Secretary of State

**Entity Name:** LEGACY OF CARE HEALTH CENTER, 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 ( )**

**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

01/08/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date