## 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N09000000584

FILED Feb 24, 2010 Secretary of State

Entity Name: LEGACY OF CARE OF CENTRAL FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business:

421 MONTGOMERY RD., SUITE 141 ALTAMONTE SPRINGS, FL 32714

Current Mailing Address: New Mailing Address:

421 MONTGOMERY RD., SUITE 141 ALTAMONTE SPRINGS, FL 32714

FEI Number: 26-4168019 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ALVAREZ, SAMBOL, WINTHROP & MADSON, P.A. 100 S. ORANGE AVE., SUITE 200 ORLANDO, FL 32801 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:

Electronic Signature of Registered Agent Date

**OFFICERS AND DIRECTORS:** 

Title: F

Name: SLUTZKER, DAVID

Address: 421 MONTGOMERY RD., SUITE 141
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: V

Name: LUDIN, NANCY

Address: 421 MONTGOMERY RD., SUITE 141 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title:

Name: MEITIN, SHERYL

Address: 421 MONTGOMERY RD., SUITE 141 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title:

Name: SELZNICK, STEVEN

Address: 421 MONTGOMERY RD., SUITE 141 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title:

Name: GOLDBERG, HANK

Address: 421 MONTGOMERY RD., SUITE 141 City-St-Zip: ALTAMONTE SPRINGS, FL 32714

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: DAVID SLUTZKER PRES 02/24/2010