2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2007
Secretary of State

DOCUMENT# P02000084284

Entity Name: LEGACY HEALTHCARE, INC.

Current Principal Place of Business:

1144 TALLEVAST ROAD
105
SARASOTA, FL 34243

New Principal Place of Business:

Current Mailing Address:

1144 TALLEVAST ROAD
105
SARASOTA, FL 34243

New Mailing Address:

FEI Number: 33-1016695 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHACON, CESAR
1144 TALLEVAST ROAD
105
SARASOTA, FL 34243 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	DALTON, ALAN D TREAS	
Address:	427 DORCHESTER DRIVE	
City-St-Zip:	VENICE, FL 34293 US	
Title:	D	( ) Delete
Name:	CHACON, CESAR SECRETE	
Address:	2433 FLOYD ST.	
City-St-Zip:	SARASOTA, FL 34239 US	
Title:	D	( ) Delete
Name:	BYRD, BRIAN PRES	
Address:	1704 58TH AVE DR. WEST	
City-St-Zip:	BRADENTON, FL 34207	
Title:	D	( ) Delete
Name:	MURDOCH, KEVIN	
Address:	8920 12TH AVE NW	
City-St-Zip:	BRADENTON, FL 34209	

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CESAR CHACON CFO 01/11/2007

Electronic Signature of Signing Officer or Director — Date