

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084284

Entity Name: LEGACY HEALTHCARE, INC.

FILED  
Jan 28, 2008  
Secretary of State

## 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 (X) 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 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

01/28/2008

Electronic Signature of Signing Officer or Director

Date