

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000084284

Entity Name: LEGACY HEALTHCARE, INC.

FILED
Jan 30, 2009
Secretary of State

Current Principal Place of Business:

1144 TALLEVAST ROAD
105
SARASOTA, FL 34243

New Principal Place of Business:

834 PINEBROOK ROAD
VENICE, FL 34285

Current Mailing Address:

1144 TALLEVAST ROAD
105
SARASOTA, FL 34243

New Mailing Address:

7216 US HIGHWAY 301 N.
SUITE 115
ELLENTON, FL 34222

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:

CHACON, CESAR
834 PINEBROOK ROAD
VENICE, FL 34285 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:

01/30/2009

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

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:

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

SEC

01/30/2009

Electronic Signature of Signing Officer or Director

Date