

2013 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000084284

Entity Name: LEGACY HEALTHCARE, INC.

FILED
Jan 02, 2013
Secretary of State

Current Principal Place of Business:

8175 US HWY 301 N
PARRISH, FL 34219

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1156
ELLENTON, FL 34222

New Mailing Address:

3809 BELMONT BOULEVARD
SARASOTA, FL 34232

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
4029 MAVERICK AVE
SARASOTA, FL 34233 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: CESAR CHACON

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: CHACON, CESAR TREAS
Address: 4029 MAVERICK
City-St-Zip: SARASOTA, FL 34233 US

Title: D
Name: BYRD, BRIAN PRES
Address: 1704 58TH AVE DR. WEST
City-St-Zip: BRADENTON, FL 34207

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

SIGNATURE: CESAR CHACON

CEO

01/02/2013

Electronic Signature of Signing Officer or Director

Date