

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P02000084284

FILED
Apr 09, 2003
Secretary of State

Entity Name: LEGACY HEALTHCARE, INC.

Current Principal Place of Business:

427 DORCHESTER DRIVE
VENICE, FL 34293

New Principal Place of Business:

834 PINEBROOK RD.
VENICE, FL 34292

Current Mailing Address:

427 DORCHESTER DRIVE
VENICE, FL 34293

New Mailing Address:

834 PINEBROOK RD.
VENICE, FL 34292

FEI Number: 33-1016695

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WATERS, CODY W
501 E KENNEDY BLVD SUITE 1700
TAMPA, FL 33602 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
Address: 427 DORCHESTER DRIVE
City-St-Zip: VENICE, FL 34293

Title: D () Delete
Name: CHACON, CESAR
Address: 2354 WALDEMERE STREET
City-St-Zip: SARASOTA, FL 34239

Title: D () Delete
Name: BYRD, BRIAN
Address: 5862 FISHERMANS DRIVE
City-St-Zip: BRADENTON, FL 34209

Title: D () Delete
Name: MURDOCH, KEVIN
Address: 11532 WATER WILLOW AVENUE
City-St-Zip: BRADENTON, FL 34202

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 Section 119.07(3)(i), 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: ALAN D. DALTON

D

04/09/2003

Electronic Signature of Signing Officer or Director

Date