## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P04000149602

Entity Name: LEGACY MEDICAL, INC.

FILED Apr 26, 2006 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

10413 SW 24TH ST 16519 NW 27TH AVENUE MIRAMAR, FL 33025 MIAMI GARDEN, FL 33054 US

**Current Mailing Address: New Mailing Address:** 

16519 NW 27TH AVENUE 10413 SW 24TH ST MIRAMAR, FL 33025 MIAMI GARDEN, FL 33054 US

FEI Number: 20-1838719 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

OSAIYUWU, RICHARD HIGH END ACCOUNTING SERVICES 10413 SW 24TH ST 4200 NW 16TH STREET MIRAMAR, FL 33025 US SUITE 600A LUADERHILL, FL 33313 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: MICHAEL EMOKPAE 04/26/2006

> Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

Title: (X) Change ( ) Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Delete OSAIYUWU, RICHARD OSAIYUWU, RICHARD Name: Name: 10413 SW 24TH ST 16519 NW 27TH AVENUE Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIAMI GARDEN, FL 33054 US

VΡ ( ) Delete Title: VΡ (X) Change ( ) Addition Title: Name: OSAGIE, FRANK Name: OSAGIE, FRANK

10413 SW 24TH ST 16519 NW 27TH AVENUE Address: Address: MIRAMAR, FL 33025 MIAMI GARDEN, FL 33054 US City-St-Zip: City-St-Zip:

Title: (X) Change ( ) Addition Title: ( ) Delete STD UHUNMWANGHO, EGHOSA Name: UHUNMWANGHO, EGHOSA Name: 10413 SW 24TH ST 16519 NW 27TH AVENUE Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: MIAMI GARDEN, FL 33054 US

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: EGHOSA UHUNMWANGHO STD 04/26/2006