

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000149602

Entity Name: LEGACY MEDICAL, INC.

FILED
Apr 23, 2008
Secretary of State

Current Principal Place of Business:

16519 NW 27TH AVENUE
MIAMI GARDEN, FL 33054 US

New Principal Place of Business:

16519 NW 27TH AVENUE
MIAMI GARDENS, FL 33054 US

Current Mailing Address:

16519 NW 27TH AVENUE
MIAMI GARDEN, FL 33054 US

New Mailing Address:

16519 NW 27TH AVENUE
MIAMI GARDENS, 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:

HIGH END ACCOUNTING SERVICES
4200 NW 16TH STREET
SUITE 600A
LAUDERHILL, FL 33313 US

Name and Address of New Registered Agent:

HIGH END INCOME TAX & ACCOUNTING SERVICES
4200 NW 16TH STREET
SUITE 600A
LAUDERHILL, 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

04/23/2008

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: OSAIYUWU, RICHARD
Address: 16519 NW 27TH AVENUE
City-St-Zip: MIAMI GARDEN, FL 33054 US

Title: VP () Delete
Name: OSAGIE, FRANK
Address: 16519 NW 27TH AVENUE
City-St-Zip: MIAMI GARDEN, FL 33054 US

Title: STD () Delete
Name: UHUNMWANGHO, EGHOSA
Address: 16519 NW 27TH AVENUE
City-St-Zip: MIAMI GARDEN, FL 33054 US

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: RICHARD OSAIYUWU

P

04/23/2008

Electronic Signature of Signing Officer or Director

Date