**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Mar 17, 2014**
**Secretary of State**
**CC9251328328**

DOCUMENT# P02000084284

**Entity Name:** LEGACY HEALTHCARE, INC.

**Current Principal Place of Business:**

8175 US HWY 301 N
PARRISH, FL 34219

**Current Mailing Address:**

3809 BELMONT BOULEVARD
SARASOTA, FL 34232

**FEI Number: 33-1016695**

**Certificate of Status Desired:** No

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

CHACON, CESAR
4029 MAVERICK AVE
SARASOTA, FL 34233 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | D | Title | D |
| Name | CHACON, CESAR TREAS | Name | BYRD, BRIAN PRES |
| Address | 4029 MAVERICK | Address | 1704 58TH AVE DR. WEST |
| City-State-Zip: | SARASOTA FL 34233 | City-State-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 TREASURER 03/17/2014

Electronic Signature of Signing Officer/Director Detail — Date