2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2016
Secretary of State
CC5889687982

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Entity Name: LEGACY HEALTHCARE, INC.

Current Principal Place of Business:

8175 US HWY 301 N
PARRISH, FL 34219

Current Mailing Address:

PO BOX 1156
ELLENTON, FL 34222 US

FEI Number: 33-1016695

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BYRD, BRIAN
8175 US HWY 301 N
PARRISH, FL 34219 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: BRIAN BYRD 01/15/2016

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	D
Name	BYRD, BRIAN PRES
Address	PO BOX 1156
City-State-Zip:	ELLENTON FL 34222

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: BRIAN BYRD OWNER 01/15/2016

Electronic Signature of Signing Officer/Director Detail — Date