2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2007
Secretary of State

DOCUMENT# P05000152125

Entity Name: SPECTRUM HEALTH SERVICES, INC.

Current Principal Place of Business:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HOPKINS, EDWARD J ESQ.
C/O BROAD AND CASSEL
ONE NORTH CLEMATIS STREET STE 500
W PALM BCH, FL 33401 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: C ( ) Delete
Name: YEARGIN, WILLIAM E
Address: 4200 N FLAGLER DRIVE
City-St-Zip: W PALM BCH, FL 33407

Title: DS ( ) Delete
Name: O'CONNELL, PHILLIP D JR
Address: 515 NORTH FLAGLER DRIVE, 19TH FL
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DT ( ) Delete
Name: RALICKI, DAVID A
Address: 777 SOUTH FLAGLER DRIVE, SUITE 150
City-St-Zip: WEST PALM BEACH, FL 33401

Title: P ( ) Delete
Name: FIELDING, DAVID C
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change ( ) Addition
Name: CONNORS, MICHAEL W
Address: 721 US HIGHWAY 1, STE 115
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VC (X) Change ( ) Addition
Name: RALICKI, DAVID A
Address: 1541 SE PALM COURT
City-St-Zip: STUART, FL 34994

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 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: DAVID C FIELDING P 03/30/2007

Electronic Signature of Signing Officer or Director — Date