# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 06, 2011**
**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:**

DAVIS, GARY PA
201 SOUTH BISCAYNE BLVD
STE 2200
MIAMI, FL 33131 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

**OFFICERS AND DIRECTORS:**

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

Title: CFO
Name: CALCOTE, RICHARD
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S
Name: DAUB, SUSAN
Address: 5100 TOWN CENTER CIRCLE
City-St-Zip: BOCA RATON, FL 33486

Title: C
Name: MARINO, JOHN
Address: 1700 PALM BEACH LAKES BLVD, STE 650
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T
Name: LEVITT, RANDY
Address: 11780 US HIGHWAY ONE, SUITE 101
City-St-Zip: NORTH PALM BEACH, FL 33408

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: RICHARD F. CALCOTE CFO 01/06/2011

Electronic Signature of Signing Officer or Director — Date