2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2016
Secretary of State
CC1269299086

DOCUMENT# P05000152125

Entity Name: SPECTRUM HEALTH SERVICES, INC.

Current Principal Place of Business:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

Current Mailing Address:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, GARY PA
201 SOUTH BISCAYNE BLVD
STE 2200
MIAMI, FL 33131 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	CEO
Name	FIELDING, DAVID C
Address	5300 EAST AVENUE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	T
Name	LEVITT, RANDY
Address	5300 EAST AVENUE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VP, FINANCE
Name	HERRERA, PEDRO
Address	5300 EAST AVENUE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	SECRETARY
Name	BOLTON LITTEN, BARBARA
Address	5300 EAST AVENUE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	CHAIRMAN
Name	PEARLMAN NEASE, MARIAN
Address	5300 EAST AVENUE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	EVP AND COO
Name	PRANGE, RANDY
Address	5300 EAST AVENUE
City-State-Zip:	WEST PALM BEACH FL 33407

Title	VC
Name	MILLER, HEATHER
Address	5300 EAST AVENUE
City-State-Zip:	WEST PALM BEACH FL 33407

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: PEDRO HERRERA VP, FINANCE 02/12/2016

Electronic Signature of Signing Officer/Director Detail — Date