


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Apr 11, 2005 08:00 AM  
Secretary of State

FEB - 2 2005

<b>DOCUMENT # F95000001223</b>					
1. Entity Name SPECTRUM HEALTHCARE RESOURCES, INC.					
Principal Place of Business 12647 OLIVE ST. ST. LOUIS MO 63141			Mailing Address 12647 OLIVE ST. ST. LOUIS MO 63141		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 43-1698884	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent  CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VIVIRITO, CATHY L 12647 OLIVE ST. ST. LOUIS MO 63141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS ABRAMOWSKI, ROBERT 1900 WINSTON RD. KNOXVILLE TN 37919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	000000298116 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/11/05-80052-015 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT JONES, DAVID 1900 WINSTON RD. KNOXVILLE TN 37919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO ZINTEL, JOANN 12647 OLIVE BLVD SAINT LOUIS MO 63141 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MASSINGALE, LYNN H M.D. 1900 WINSTON RD. KNOXVILLE TN 37919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS STAIR, JOHN 1900 WINSTON ROAD, SUITE 300 KNOXVILLE TN 37919 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/5/05

865-213-5663