

2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90304 023 ***150.00

DOCUMENT # F95000001223					
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			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00. After May 1, 2006 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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VIVIRITO, CATHY L		NAME	D.R. Gray Roth	
STREET ADDRESS	12647 OLIVE ST.		STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	ST. LOUIS MO 63141		CITY-ST-ZIP	Knoxville TN 37919	
TITLE	VS	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ABRAMOWSKI, ROBERT		NAME	VP & Sec. Bob Syner	
STREET ADDRESS	1900 WINSTON RD.		STREET ADDRESS	1900 Winston Rd.	
CITY-ST-ZIP	KNOXVILLE TN 37919		CITY-ST-ZIP	Knoxville, TN 37919	
TITLE	VT	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	JONES, DAVID		NAME		
STREET ADDRESS	1900 WINSTON RD.		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37919		CITY-ST-ZIP		
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ZINTEL, JOANN		NAME		
STREET ADDRESS	12647 OLIVE BLVD		STREET ADDRESS		
CITY-ST-ZIP	SAINT LOUIS MO 63141		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MASSINGALE, LYNN H M.D.		NAME		
STREET ADDRESS	1900 WINSTON RD.		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37919		CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STAIR, JOHN		NAME		
STREET ADDRESS	1900 WINSTON ROAD, SUITE 300		STREET ADDRESS		
CITY-ST-ZIP	KNOXVILLE TN 37919		CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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

John Stair, Asst. Sec. 4/11/06 905-297-5542

Date

Daytime Phone #