

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001223

FILED
Apr 20, 2011
Secretary of State

Entity Name: SPECTRUM HEALTHCARE RESOURCES, INC.

Current Principal Place of Business:

12647 OLIVE BLVD., SUITE 600
ST. LOUIS, MO 63141

New Principal Place of Business:

Current Mailing Address:

265 BROOKVIEW CENTRE WAY, SUITE 400
ATTN: LEGAL
KNOXVILLE, TN 37919

New Mailing Address:

FEI Number: 43-1698884 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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: P
Name: TRACY, GEORGE
Address: 12647 OLIVE ST., SUITE 600
City-St-Zip: ST. LOUIS, MO 63141

Title: VPS
Name: ALLEN, HEIDI S
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: VT
Name: JONES, DAVID
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: CFO
Name: ZINTEL, JOANN
Address: 12647 OLIVE BLVD
City-St-Zip: SAINT LOUIS, MO 63141

Title: D
Name: MASSINGALE, LYNN H M.D.
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

Title: AS
Name: STAIR, JOHN
Address: 265 BROOKVIEW CENTRE WAY, SUITE 400
City-St-Zip: KNOXVILLE, TN 37919

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: JOHN STAIR

AS

04/20/2011

Electronic Signature of Signing Officer or Director

Date