FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000005711 (5)**

1. Corporation Name
SPECTRUM PRIMARY CARE, INC.

Principal Place of Business
12647 OLIVE ST.
ST. LOUIS MO 63141

Mailing Address
12647 OLIVE ST.
ST. LOUIS MO 63141

3. Date Incorporated or Qualified: **11/22/1995**
3a. Date of Last Report:

2. Principal Place of Business (21)
Suite, Apt #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: **43-1689641** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MILES, RICHARD H		1.2 NAME		
STREET ADDRESS	12647 OLIVE ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141		1.4 CITY-ST-ZIP		
TITLE	V	☒ DELETE	2.1 TITLE	V MICHAEL J. OHARA	☐ Change ☐ Addition
NAME	MOORE, JAMES W		2.2 NAME		
STREET ADDRESS	12647 OLIVE ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141		2.4 CITY-ST-ZIP		
TITLE	VS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SAMETZ, ADRIENNE W		3.2 NAME		
STREET ADDRESS	12647 OLIVE ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141		3.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VIVIRITO, CATHY		4.2 NAME		
STREET ADDRESS	12647 OLIVE ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141		4.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, MICHAEL		5.2 NAME		
STREET ADDRESS	12647 OLIVE ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141		5.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	POWERS, SALLY A		6.2 NAME		
STREET ADDRESS	12647 OLIVE ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. LOUIS MO 63141		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/28/96 215-238-3162
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MICHAEL J. O'HARA, VICE PRESIDENT

CR2E034 (12/95)