

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001461

1. Entity Name

SPECTRA HEALTHCARE ALLIANCE, INC.

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90215 008 ***150.00

Principal Place of Business

Mailing Address

5111 ROGERS AVENUE
SUITE 40-A
FORT SMITH AR 72919-0155

5111 ROGERS AVENUE
SUITE 40-A
FORT SMITH AR 72919-9007

2. Principal Place of Business

One Thousand Beverly Way

3. Mailing Address

One Thousand Beverly Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Smith, AR

City & State

Fort Smith, AR

4. FEI Number

71-0759298

Applied For

Not Applicable

Zip
72919

Country
USA

Zip
72919

Country
USA

5. Certificate of Status Desired ☐

\$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 32301-2525

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
COBD
BANKS, DAVID R
5111 ROGERS AVE., SUITE 40-A
FT. SMITH AR 72919-1000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
One Thousand Beverly Way

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VC
TABAKIN, SCOTT M
5111 ROGERS AVE., SUITE 40-A
FT. SMITH AR 72919-1000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
One THousand Beverly Way
Fort Smith, AR 72919-1000

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCOB
HENDRICKSON, BOYD W
5111 ROGERS AVE., SUITE 40-A
FT. SMITH AR 72919-1000 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☒ Addition
VP, DGC, AS
MacKenzie, John W.
One Thousand Beverly Way
Fort Smith, AR 72919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
HUTTON, JEFF
5111 ROGERS AVE., SUITE 40-A
FT. SMITH AR 72919-1000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
One Thousand Beverly Way
Fort Smith, AR 72919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCEO
WORTLEY, MARK
5111 ROGERS AVE., SUITE 40-A
FT. SMITH AR 72919-1000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
One THousand Beverly Way
Fort SMith, AR 72919

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VAS
MAAS, FREDERIC A
5111 ROGERS AVE., SUITE 40-A
FT. SMITH AR 72919-1000 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☒ Change ☐ Addition
One Thousand Beverly Way
Fort Smith, AR 72919

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John W. MacKenzie
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John W. MacKenzie
Vice President, Deputy
General Counsel and
Assistant Secretary

4/3/2000 501-201-2000

Daytime Phone #

CR2E034 (9/99)