

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001461

1. Entity Name
SPECTRA HEALTHCARE ALLIANCE, INC.

FILED
May 11, 2001 8:00 am
Secretary of State

05-11-2001 90074 013 ***150.00

Principal Place of Business
1000 BEVERLY WAY
FORT SMITH AR 72919

Mailing Address
1000 BEVERLY WAY
SUITE 40-A
FORT SMITH AR 72919



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
One Thousand Beverly Way
Suite, Apt. #, etc.

3. Mailing Address
One Thousand Beverly Way
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 _____ (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, 2001 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 1000 BEVERLY WAY FT. SMITH AR 72919-1000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VC TABAKIN, SCOTT M 1000 BEVERLY WAY FT. SMITH AR 72919-1000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCOB HENDRICKSON, BOYD W 5111 ROGERS AVE., SUITE 40-A FT. SMITH AR 72919-1000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS HUTTON, JEFF 1000 BEVERLY WAY FT. SMITH AR 72919-1000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO WORTLEY, MARK 1000 BEVERLY WAY FT. SMITH AR 72919-1000	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS MAAS, FREDERIC A 1000 BEVERLY WAY FT. SMITH AR 72919-1000	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres and Director William A. Mathies One Thousand Beverly Way Fort Smith, AR 72919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP and Sec John W. MacKenzie One Thousand Beverly Way Fort Smith, AR 72919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Mona Brannon One Thousand Beverly Way Fort Smith, AR 72919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP and Treas Schuyler Hollingsworth, Jr. One Thousand Beverly Way Fort Smith, AR 72919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director T. Jerald Moore One Thousand Beverly Way Fort Smith, AR 72919	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 John W. MacKenzie 4/25/2001 501-201-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)