2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000001461

1. Entity Name

SPECTRA HEALTHCARE ALLIANCE, INC.

Principal Place of Business	Mailing Address
ONE THOUSAND BEVERLY WAY	ONE THOUSAND BEVERLY WAY
FORT SMITH AR 72919	FORT SMITH AR 72919

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
One Thousand Beverly Way	One Thousand Beverly Way
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	
Fort Smith, AR	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, 2002 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	COBD		TITLE	President & Director	Change ☐	Addition ☒
NAME	BANKS, DAVID R	☒ Delete	NAME	Blaise J. Mercadante		
STREET ADDRESS	1000 BEVERLY WAY		STREET ADDRESS	One Thousand Beverly Way		
CITY-ST-ZIP	FT. SMITH AR 72919-1000		CITY-ST-ZIP	Fort Smith, AR 72919		

TITLE	VC		TITLE	VP&S	Change ☐	Addition ☒
NAME	TABAKIN, SCOTT M	☒ Delete	NAME	John W. MacKenzie		
STREET ADDRESS	1000 BEVERLY WAY		STREET ADDRESS	One Thousand Beverly Way		
CITY-ST-ZIP	FT. SMITH AR 72919-1000		CITY-ST-ZIP	Fort Smith, AR 72919		

TITLE	VCOB		TITLE	VP-Financial Controls	Change ☐	Addition ☒
NAME	HENDRICKSON, BOYD W	☒ Delete	NAME	David G. Merrell		
STREET ADDRESS	5111 ROGERS AVE., SUITE 40-A		STREET ADDRESS	One Thousand Beverly Way		
CITY-ST-ZIP	FT. SMITH AR 72919-1000		CITY-ST-ZIP	Fort Smith, AR 72919		

TITLE	VAS		TITLE		Change ☐	Addition ☐
NAME	HUTTON, JEFF	☒ Delete	NAME			
STREET ADDRESS	1000 BEVERLY WAY		STREET ADDRESS			
CITY-ST-ZIP	FT. SMITH AR 72919-1000		CITY-ST-ZIP			

TITLE	PCEO		TITLE		Change ☐	Addition ☐
NAME	WORTLEY, MARK	☒ Delete	NAME			
STREET ADDRESS	1000 BEVERLY WAY		STREET ADDRESS			
CITY-ST-ZIP	FT. SMITH AR 72919-1000		CITY-ST-ZIP			

TITLE	VAS		TITLE		Change ☐	Addition ☐
NAME	MAAS, FREDERIC A	☐ Delete	NAME			
STREET ADDRESS	1000 BEVERLY WAY		STREET ADDRESS			
CITY-ST-ZIP	FT. SMITH AR 72919-1000		CITY-ST-ZIP			

CR2E034 (9/01)

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   4/19/02   (479) 201-4840

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #