

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001461

FILED  
Feb 19, 2009  
Secretary of State

Entity Name: SPECTRA HEALTHCARE ALLIANCE, INC.

## Current Principal Place of Business:

1000 FIANNA WAY  
FORT SMITH, AR 72919

## New Principal Place of Business:

## Current Mailing Address:

1000 FIANNA WAY  
FORT SMITH, AR 72919

## New Mailing Address:

FEI Number: 71-0759298

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 323012525 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WILLIAMS, JULIANNE  
Address: 1000 FIANNA WAY  
City-St-Zip: FT. SMITH, AR 72919

Title: D ( ) Delete  
Name: ROBERTS, MAUREEN P  
Address: 1000 FIANNA WAY  
City-St-Zip: FT. SMITH, AR 72919

Title: S ( ) Delete  
Name: RASMUSSEN-JONES, HOLLY A  
Address: 1000 FIANNA WAY  
City-St-Zip: FT. SMITH, AR 72919

Title: SVP ( ) Delete  
Name: ROBERTS, KEVIN M  
Address: 1000 FIANNA WAY  
City-St-Zip: FORT SMITH, AR 72919

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: T ( ) Change (X) Addition  
Name: TRUITT, ANN  
Address: 1000 FIANNA WAY  
City-St-Zip: FORT SMITH, AR 72919

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HOLLY A. RASMUSSEN-JONES

S

02/19/2009

Electronic Signature of Signing Officer or Director

Date