

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001461

FILED
Apr 23, 2012
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:

ONE LEGACY TOWN CENTER
7160 N. DALLAS PKWY, STE 400
PLANO, TX 75024

Current Mailing Address:

1000 FIANNA WAY
FORT SMITH, AR 72919

New Mailing Address:

1000 FIANNA WAY
LEGAL DEPT - MD 4824
FORT SMITH, AR 72919

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

OFFICERS AND DIRECTORS:

Title: PD
Name: SALAMONE, SALVATORE F
Address: 1000 FIANNA WAY
City-St-Zip: FT. SMITH, AR 72919

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

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

Title: SVP
Name: KARICHER, MICHAEL
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

Title: T
Name: TRUITT, ANN
Address: 1000 FIANNA WAY
City-St-Zip: FORT SMITH, AR 72919

I hereby 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 all other like empowered.

SIGNATURE: HOLLY A. RASMUSSEN-JONES

SEC

04/23/2012

Electronic Signature of Signing Officer or Director

Date