

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F99000005898**

1. Entity Name

SPECTRUM MANAGED CARE, INC.**FILED**
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90929 001 ***550.00

00399883 AV

Principal Place of Business

**526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

Mailing Address

**526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

2. Principal Place of Business

4400 NW Loop 410,

Suite, Apt. #, etc.

Suite 101

City & State

San Antonio, TX 78229

Zip

78229

Country

USA

3. Mailing Address

610 West Ash Street

Suite, Apt. #, etc.

Suite 1500

City & State

San Diego, CA

Zip

92101

Country

USA

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-2664383

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICE, INC.**526 EAST PARK AVENUE
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> Delete
NAME	WARD, JEFFREY S	
STREET ADDRESS	610 WEST ASH STREET, SUITE 1500	
CITY-ST-ZIP	SAN DIEGO CA 92101	

TITLE	P	<input type="checkbox"/> Delete
NAME	DIANA ROLLINSON HAMILTON	
STREET ADDRESS	8585 STEMMONS FREEWAY, SUITE 200 SOUTH	
CITY-ST-ZIP	DALLAS TX 75247	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D/C/CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Erika James	
STREET ADDRESS	4400 NW Loop, 410, Suite 101	
CITY-ST-ZIP	San Antonio, TX 78229	

TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kevin P. Jasper	
STREET ADDRESS	610 West Ash Street, Suite 1500	
CITY-ST-ZIP	San Diego, CA 92101	

TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edward C. Filley	
STREET ADDRESS	610 West Ash Street, Suite 1500	
CITY-ST-ZIP	San Diego, CA 92101	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**Kevin P. Jasper**

619-557-2777

Date

Daytime Phone #

CR2E034 (9/01)