FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **K54818**

1. Corporation Name

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

22

23

24

SPECTRUM HEALTH CARE MANAGEMENT, INC.

Country

25

Principal Place of Business	Mailing Address
2501 N. ORANGE AVENUE, SUITE 435 N. ORLANDO FL 32804	2501 N. ORANGE AVENUE. SUITE 435 N. ORLANDO FL 32804

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2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

FILED Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90097 037 ***158.75



 DO NOT WRITE IN THIS SPAC

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

□No

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

8. This corporation owes the current year Intangible

Trust Fund Contribution

Personal Property Tax.

01/01/1989

59-2934656

4. FEI Number

VOEGELE, WAYNE 2501 N. ORANGE AVENUE SUITE 435 N. ORLANDO FL 32804 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose. 12. OFFICERS AND DIRECTORS SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. DIRECTORS STORY OFFICERS AND DIRECTORS 15. STANFORD, THOMAS M.D. STREET ADDRESS SOTN STANFORD, SUSAN STANFORD, SUSAN STANFORD, SUSAN STANFORD, SUSAN STANFORD, SUSAN STREET ADDRESS STANFORD, SUSAN STREET ADDRESS STANFORD, SUSAN STREET ADDRESS STANFORD, CAPOL STANFORD, SUSAN STREET ADDRESS STANFORD, SUSAN STREET ADDRESS STANFORD, SUSAN STANFORD, CAPOL STANFORD, CAPOL STANFORD, CAPOL STANFORD, CAPOL STREET ADDRESS STANFORD, CAPOL STANFORD, CAPOL STANFORD, CAPOL STANFORD, CAPOL STANFORD, CAPOL STREET ADDRESS STANFORD, CAPO	Z-4	9. Name and Address of Current Registered	Agent			10. Name and Address of New	Registered	Agent	
2501 N. ORANGE AVENUE SUITE 435 N. ORLANDO FL 32804 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing. Its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Hereby accept the appointment as registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing. Its registered agent, arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, agent agents required when remarking. SIGNATURE		5. Italio Lila , taaros et et este este este este este este e		8-	1 Name				
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature OFFICERS AND DIRECTORS (NOTE Registered Agent signature regulated where revetating)	SUIT	E 435 N.		83	3			4	
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Signature, spead or printed name of registrated apport and state if appointable. (NOTE: Registrated Apports including) Carl Carl Carl Carl Carl Carl Carl Carl	agent. I a	m familiar with, and accept the obligations of, Section	n 607.0505, Florida	Statute	ıs.				
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14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information	CITY-ST-ZIP								
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Country

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407 8963369