

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018055

FILED  
Apr 27, 2005  
Secretary of State

**Entity Name:** SPECTRA HEALTHCARE MANAGEMENT L.L.C.

**Current Principal Place of Business:**

8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

**New Principal Place of Business:**

**Current Mailing Address:**

8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

**New Mailing Address:**

3001 N. ROCKY POINT DRIVE, EAST  
SUITE 200  
TAMPA, FL 33607

**FEI Number:** 04-3628799

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KELLY, RONN S  
8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

KELLY, RONN S  
3001 N. ROCKY POINT DRIVE, EAST  
SUITE 200  
TAMPA, FL 33607 US

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:

04/27/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: KELLY, RONN S  
Address: 8201 PETERS ROAD, SUITE 1000  
City-St-Zip: PLANTATION, FL 33324

Title: MGR ( ) Delete  
Name: BENTON, STEPHEN M  
Address: 8201 PETERS ROAD, SUITE 1000  
City-St-Zip: PLANTATION, FL 33324

Title: MGR ( ) Delete  
Name: CROOK, MATTHEW  
Address: 8201 PETERS ROAD, SUITE 1000  
City-St-Zip: PLANTATION, FL 33324

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KELLY, RONN S  
Address: 3001 NORTH ROCKY POINT DRIVE, EAST STE 200  
City-St-Zip: TAMPA, FL 33607

Title: MGR (X) Change ( ) Addition  
Name: BENTON, STEPHEN M  
Address: 4771 E. LATOKA CT  
City-St-Zip: SPRINGFIELD, MO 65809

Title: MGR (X) Change ( ) Addition  
Name: CROOK, MATTHEW  
Address: 509 WEST DOUGLAS AVE  
City-St-Zip: ANDOVER, KS 67002

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RONN S. KELLY

MR

04/27/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date