

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018055

**FILED**  
**Feb 16, 2006**  
**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:**

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

**Current Mailing Address:**

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

**New Mailing Address:**

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

**MANAGING MEMBERS/MANAGERS:**

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

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

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

**ADDITIONS/CHANGES:**

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

MGR

02/16/2006

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