2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2009
Secretary of State

DOCUMENT# L01000018055

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

Current Principal Place of Business:

6914 WEST LINEBAUGH AVENUE
SUITE 101
TAMPA, FL 33625

New Principal Place of Business:

Current Mailing Address:

6914 WEST LINEBAUGH AVENUE
SUITE 101
TAMPA, FL 33625

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
6914 WEST LINEBAUGH AVENUE
SUITE 101
TAMPA, FL 33625 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:	6914 WEST LINEBAUGH AVENUE	
City-St-Zip:	TAMPA, FL 33625	
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:	211 K ROAD	
City-St-Zip:	PIEDMONT, KS 67122	

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 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 KELLY MEMB 04/16/2009

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