

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018055

FILED  
Jan 13, 2010  
Secretary of State

**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:**

6912 WEST LINEBAUGH AVENUE  
SUITE 101  
TAMPA, FL 33625

**Current Mailing Address:**

6914 WEST LINEBAUGH AVENUE  
SUITE 101  
TAMPA, FL 33625

**New Mailing Address:**

6912 WEST LINEBAUGH AVENUE  
SUITE 101  
TAMPA, FL 33625

**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:**

KELLY, RONN S  
6912 WEST LINEBAUGH AVENUE  
SUITE 101  
TAMPA, FL 33625 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:

01/13/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KELLY, RONN S DIR  
Address: 6912 WEST LINEBAUGH AVENUE, #101  
City-St-Zip: TAMPA, FL 33625

Title: MGR  
Name: COOK, MATTHEW DIR  
Address: 211 K ROAD  
City-St-Zip: PIEDMONT, KS 67122 US

I hereby 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

DIR

01/13/2010

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