

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018216

FILED  
Apr 08, 2004  
Secretary of State

Entity Name: SPECTRA HEALTHCARE OF FLORIDA, L.L.C.

## Current Principal Place of Business:

CROSS ROADS ONE  
8201 PETERS ROAD  
PLANTATION, FL 33324

## New Principal Place of Business:

8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

## Current Mailing Address:

CROSS ROADS ONE  
8201 PETERS ROAD  
PLANTATION, FL 33324

## New Mailing Address:

8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

FEI Number: 68-0487785

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BENTON, STEPHEN M  
CROSS ROADS ONE  
8201 PETERS ROAD  
PLANTATION, FL 33324

## Name and Address of New Registered Agent:

BENTON, STEPHEN M  
8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

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: STEPHEN BENTON

04/08/2004

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MEMBERS:

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

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

Title: MGR ( ) Change (X) Addition  
Name: WHITNEY, DAN  
Address: 345 N. RIVERVIEW ROAD, SUITE 600  
City-St-Zip: WICHITA, KS 67203

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

04/08/2004

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