

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000018216

FILED  
Apr 30, 2006  
Secretary of State

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

**Current Principal Place of Business:**

8201 PETERS ROAD  
SUITE 1000  
PLANTATION, FL 33324

**New Principal Place of Business:**

4771 E. LATOKA CT  
SPRINGFIELD, MO 65809

**Current Mailing Address:**

3001 N ROCKY POINT DRIVE E  
SUITE 200  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 68-0487785      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BENTON, STEPHEN M  
3001 N ROCKY POINT DRIVE, E  
STE 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: MGRM ( ) Delete  
Name: KELLY, RONN S  
Address: 3001 N ROCKY POINT DRIVE E, STE 200  
City-St-Zip: TAMPA, FL 33607 US

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

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

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

**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:

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: MATTHEW CROOK

MR

04/30/2006

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