2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

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Entity Name: SPECTRUM HEALTHCARE FOUNDATION, INC.

Current Principal Place of Business:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5300 EAST AVENUE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-3974070 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, GARY
201 SOUTH BISCAYNE BLVD, SUITE 2200
MIAMI, FL 33131 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

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: FIELDING, DAVID C
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: CFO ( ) Delete
Name: BLANCHARD, WARREN
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: C ( ) Delete
Name: RALICKI, DAVID A
Address: 1541 SE PALM COURT
City-St-Zip: STUART, FL 34994

Title: VC ( ) Delete
Name: MARINO, JOHN
Address: 1 N FEDERAL HIGHWAY, STE 200
City-St-Zip: BOCA RATON, FL 33432

Title: T ( ) Delete
Name: OCONNELL, PHILLIP D JR
Address: 515 N FLAGLER DRIVE., 19TH FL
City-St-Zip: WEST PALM BEACH, FL 33401

Title: S ( ) Delete
Name: GIUFFRIDA, JUDITH
Address: 6325 S FLAGLER DRIVE
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: LEACH, GREG
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: VP (X) Change ( ) Addition
Name: BLANCHARD, WARREN
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

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 exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN BLANCHARD VP 04/01/2009

Electronic Signature of Signing Officer or Director — Date