2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011662

Entity Name: SPECTRUM HEALTH, INC.

FILED Mar 30, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5300 EAST AVE

WEST PALM BEACH, FL 33407

Current Mailing Address: New Mailing Address:

5300 EAST AVE

WEST PALM BEACH, FL 33407

FEI Number: 20-3974015 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

HOPKINS, EDWARD J

DAVID, FIELDING C ONE NORTH CLEMATIS STREET SUITE 500 5300 EAST AVENUE

WEST PALM BEACH, FL 33401 WEST PALM BEACH, FL 33407 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: DAVID C FIELDING 03/30/2007

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete YEARGIN, WILLIAM E CONNORS, MICHAEL W Name: Name: 4200 NORTH FLAGLER DRIVE Address: 721 US HIGHWAY 1, STE 115 Address:

City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: NORTH PALM BEACH, FL 33408

Title: CFO () Delete Title: (X) Change () Addition BLANCHARD, WARREN W JR Name:

Name: RALICKI, DAVID A Address: 5300 EAST AVENUE Address: 1541 SE PALM COURT City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: STUART, FL 34994

Title: DS () Delete Title: () Change () Addition

O'CONNELL, PHILLIP D JR Name: Name: 515 NORTH FLAGLER DRIVE, 19TH FL Address: Address:

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip:

Title: DT () Delete Title: CFO (X) Change () Addition

Name: RALICKI, DAVID A Name: FIELDING, DAVID C 777 SOUTH FLAGLER DRIVE Address: Address: 5300 EAST AVENUE

City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete Title: () Change (X) Addition

BLANCHARD, WARREN Name: Name: 5300 EAST AVENUE Address: Address:

City-St-Zip: City-St-Zip: WEST PALM BEACH, FL 33407

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 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: DAVID C FIELDING CEO 03/30/2007