2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011662

Entity Name: SPECTRUM HEALTH, INC.

Apr 24, 2008 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:

DAVIS, GARY 201 SOUTH BISCAYNE BLVD STE 2200 MIAMI, FL 33131 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:

City-St-Zip:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

WEST PALM BEACH, FL 33407

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

WEST PALM BEACH, FL 33401

(X) Change () Addition () Delete CONNORS, MICHAEL W FIELDING, DAVID C Name: Name: 721 US HIGHWAY 1, STE 115 Address: 5300 EAST AVENUE Address:

NORTH PALM BEACH, FL 33408

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

Title: () Delete Title: (X) Change () Addition RALICKI, DAVID A Name: BLANCHARD, WARREN Name: Address: 1541 SE PALM COURT Address: 5300 EAST AVENUE

City-St-Zip: STUART, FL 34994 City-St-Zip: WEST PALM BEACH, FL 33407

Title: () Delete Title: (X) Change () Addition O'CONNELL, PHILLIP D JR Name: RALICKI, DAVID A Name:

515 NORTH FLAGLER DRIVE, 19TH FL 1541 SE PALM COURT Address: Address: City-St-Zip: WEST PALM BEACH, FL 33401 City-St-Zip: STUART, FL 34994

Title: CEO () Delete Title: VC (X) Change () Addition Name: FIELDING, DAVID C Name: MARINO, JOHN

1 N FEDERAL HWY, STE 200 Address: 5300 EAST AVENUE Address: City-St-Zip: WEST PALM BEACH, FL 33407 City-St-Zip: BOCA RATON, FL 33432

Title: CFO () Delete Title: (X) Change () Addition BLANCHARD, WARREN OCONNELL, PHILLIP D JR Name: Name: 5300 EAST AVENUE 515 N FLAGLER DRIVE, 19TH FL Address: Address:

Title: () Delete Title: () Change (X) Addition GUIFFRIDA, JUDITH Name: Name: Address: Address: 6325 S FLAGLER DRIVE WEST PALM BEACH, FL 33405 City-St-Zip: 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.

City-St-Zip:

SIGNATURE: DAVID FIELDING **PCEO** 04/24/2008