

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011662

FILED
Jan 13, 2010
Secretary of State

Entity Name: SPECTRUM HEALTH, INC.

Current Principal Place of Business:

5300 EAST AVE
WEST PALM BEACH, FL 33407

New Principal Place of Business:

Current Mailing Address:

5300 EAST AVE
WEST PALM BEACH, FL 33407

New Mailing Address:

FEI Number: 20-3974015

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
STE 2200
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

O'DONNELL, MICHELE
5300 EAST AVENUE
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: MICHELE O'DONNELL

01/13/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: CFO
Name: CALCOTE, RICHARD
Address: 5300 EAST AVENUE
City-St-Zip: WEST PALM BEACH, FL 33407

Title: S
Name: RALICKI, DAVID A
Address: 1541 SE PALM COURT
City-St-Zip: STUART, FL 34994

Title: C
Name: MARINO, JOHN
Address: 1 N FEDERAL HWY, STE 200
City-St-Zip: BOCA RATON, FL 33432

Title: T
Name: LEVITT, RANDY
Address: 11780 US HWY ONE, STE 101
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: VC
Name: MITCHELL, JUDITH
Address: 701 OKEECHOBEE BLVD
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: RICHARD CALCOTE

CFO

01/13/2010

Electronic Signature of Signing Officer or Director

Date