

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000028067

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: SPECTRA HEALTHCARE ASSOCIATES, P.A.

## Current Principal Place of Business:

509 SOUTH ARMENIA AVENUE  
SUITE 302  
TAMPA, FL 33609

## New Principal Place of Business:

## Current Mailing Address:

509 SOUTH ARMENIA AVENUE  
SUITE 302  
TAMPA, FL 33609

## New Mailing Address:

FEI Number: 20-2375541

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

KOCHE, LISA S  
509 SOUTH ARMENIA AVENUE  
SUITE 302  
TAMPA, FL 33609 US

## Name and Address of New Registered Agent:

SAFF-KOCHE, LISA S  
509 SOUTH ARMENIA AVENUE  
SUITE 302  
TAMPA, FL 33609 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: LISA SAFF-KOCHE

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SAFF-KOCHE, LISA  
Address: 509 SOUTH ARMENIA AVENUE, SUITE 302  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: SULLEBARGER, J. THOMPSON  
Address: 509 SOUTH ARMENIA AVENUE, SUITE 302  
City-St-Zip: TAMPA, FL 33609

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA SAFF-KOCHE

D

04/27/2006

Electronic Signature of Signing Officer or Director

Date