

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

APPROVED *pg 192*  
AND  
FILED

1997 MAY -6 PM 2:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000060609 (2)

1. Corporation Name  
SPECTRUM HEALTH SERVICES, INC.

Principal Place of Business  
3600 OAK MANOR LANE  
BLDG. 3  
LARGO FL 34644

Mailing Address  
3600 OAK MANOR LANE  
BLDG. 3  
LARGO FL 33774-1213



3. Date Incorporated or Qualified 08/17/1994  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-3264800		Applied For Not Applicable	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 City & State		27 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 Zip		28 Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24 Country		29 Country					

9. Name and Address of Current Registered Agent

NEAL, A R  
13577 FEATHER SOUND DRIVE  
SUITE 300  
CLEARWATER FL 34622

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 800002168298--6
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARROLL, MATT	1.2 NAME	Brogdon, Chris
STREET ADDRESS	3600 OAK MANOR LANE, BLDG. 3	1.3 STREET ADDRESS	6000 Lake Forrest Drive, Ste. 200
CITY-ST-ZIP	LARGO FL 34644	1.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARLEY, FRANCIS	2.2 NAME	Dalal, Ashok
STREET ADDRESS	3600 OAK MANOR LANE, BLDG. 3	2.3 STREET ADDRESS	1266 N.W. 199th Street
CITY-ST-ZIP	LARGO FL 34644	2.4 CITY-ST-ZIP	Miami, FL 33167
TITLE	DV <input checked="" type="checkbox"/> DELETE	3.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HANNANT, CHERYL	3.2 NAME	Pifer, Cathy
STREET ADDRESS	3600 OAK MANOR LANE, BLDG. 3	3.3 STREET ADDRESS	6000 Lake Forrest Drive, Ste. 200
CITY-ST-ZIP	LARGO FL 34644	3.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELL, ROBERT W SR.	4.2 NAME	Rees, Philip
STREET ADDRESS	3600 OAK MANOR LANE, BLDG. 3	4.3 STREET ADDRESS	6000 Lake Forrest Drive, Suite 200
CITY-ST-ZIP	LARGO FL 34644	4.4 CITY-ST-ZIP	Atlanta, GA 30328
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Neal, A.R.
STREET ADDRESS		5.3 STREET ADDRESS	13577 FeatherSound Drive, Ste. 300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Clearwater, FL 34622
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *A. R. Neal* APPROVED *5/5/97* (813) 526-1727  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)



97 MAY -6 PM 1:52

ACCOUNT NO. : 072100000032

REFERENCE : 355598 85036A

**AUTHORIZATION :**

**COST LIMIT : \$ 550.00**

CUSTOMER: Norma Mcgrath, Legal Assistant  
Jacobs Forlizzo & Neal, P.a.  
Suite 300  
13577 Feather Sound Drive  
Clearwater, FL 34622

EXAMINER'S INITIALS: \_\_\_\_\_