2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2009
Secretary of State

DOCUMENT# P96000097025

Entity Name: HEALTHSPECTRUM, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

New Principal Place of Business:

7700 N KENDALL DRIVE
SUITE 408
MIAMI, FL 33156 US

Current Mailing Address:

PO BOX 141717
CORAL GABLES, FL 331141717 US

New Mailing Address:

FEI Number: 65-0712383 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MONTE, EMILIO J
2121 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

MONTE, EMILIO J
7700 N KENDALL DRIVE
SUITE 408
MIAMI, FL 33156 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: _____ 03/27/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: MONTE, EMILIO J
Address: 2121 PONCE DE LEON BLVD., STE 400
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: MONTE, MICHAEL E
Address: 2121 PONCE DE LEON BLVD., STE 400
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: MONTE, EMILIO J
Address: 7700 N KENDALL DRIVE, STE 408
City-St-Zip: MIAMI, FL 33156

Title: D (X) Change ( ) Addition
Name: MONTE, MICHAEL E
Address: 7700 N KENDALL DRIVE, STE 408
City-St-Zip: MIAMI, FL 33156

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

SIGNATURE: EMILIO J MONTE D 03/27/2009
Electronic Signature of Signing Officer or Director — Date