

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P98000045694**

1. Entity Name  
**SPECTRUM HEALTH CARE, INC.**

Principal Place of Business

**8001 N DALE MABRY**  
~~801-D 501-I~~  
**TAMPA FL 33614**

Mailing Address

**8001 N DALE MABRY**  
~~801-D 501-I~~  
**TAMPA FL 33614**  
**US**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

**HAGAN, JOHN E**  
**8001 N DALE MABRY**  
~~801-D 501-I~~  
**TAMPA FL 33614**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be**  
**Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete  
NAME **HAGAN, JOHN E**  
STREET ADDRESS **3750 GUNN HIGHWAY, 2A 8001 N DALE MABRY**  
CITY-ST-ZIP **TAMPA FL 33614 # 501-I**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9-10-01 813-933-7898

**FILED**  
**Sep 13, 2001 8:00 am**  
**Secretary of State**

09-13-2001 90008 043 \*\*\*550.00

**00063286**



DO NOT WRITE IN THIS SPACE

4. FEI Number

**59-3516876**

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional**  
**Fee Required**

0087183 AV

CR2E034 (5/01)