

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000011662

**Entity Name:** SPECTRUM HEALTH, INC.

**Current Principal Place of Business:**

5300 EAST AVE  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

5300 EAST AVE  
WEST PALM BEACH, FL 33407

**FEI Number:** 20-3974015

**Certificate of Status Desired:** No

**Name and Address of Current 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

Title S  
Name DAUB, SUSAN  
Address 5879 NW 124TH  
City-State-Zip: CORAL SPRINGS FL 33076

Title VC  
Name LEVITT, RANDY  
Address 223 COMMODORE DRIVE  
City-State-Zip: JUPITER FL 33477

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

Title C  
Name MARINO, JOHN  
Address 1700 PALM BEACH LAKES BLVD, STE 650  
City-State-Zip: WEST PALM BEACH FL 33401

Title T  
Name HERRING, JOHN  
Address 2115 LOCKHEED TERRACE  
City-State-Zip: WELLINGTON FL 33414

*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 F. CALCOTE

**CFO**

**01/30/2013**

Electronic Signature of Signing Officer/Director Detail

Date