

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F96000001461

**Entity Name:** SPECTRA HEALTHCARE ALLIANCE, INC.

**Current Principal Place of Business:**

ONE LEGACY TOWN CENTER  
7160 N. DALLAS PKWY, STE 400  
PLANO, TX 75024

**Current Mailing Address:**

1000 FIANNA WAY  
LEGAL DEPT - MD 4824  
FORT SMITH, AR 72919

**FEI Number:** 71-0759298

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 PD  
Name SALAMONE, SALVATORE F  
Address 1000 FIANNA WAY  
City-State-Zip: FT. SMITH AR 72919

Title D  
Name ROBERTS, MAUREEN P  
Address 1000 FIANNA WAY  
City-State-Zip: FT. SMITH AR 72919

Title S  
Name RASMUSSEN-JONES, HOLLY A  
Address 1000 FIANNA WAY  
City-State-Zip: FT. SMITH AR 72919

Title SVP  
Name KARICHER, MICHAEL  
Address 1000 FIANNA WAY  
City-State-Zip: FORT SMITH AR 72919

Title T  
Name TRUITT, ANN  
Address 1000 FIANNA WAY  
City-State-Zip: FORT SMITH AR 72919

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

**SIGNATURE: HOLLY RASMUSSEN-JONES**

**SECRETARY**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date