



**State of Rhode Island and Providence Plantations  
Office of the Secretary of State**

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2009

**1. Corporate ID No.** 000090401

**2. Name of Corporation** Spectrum Healthcare Resources, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 12647 OLIVE ROAD

City or Town: ST. LOUIS

State: MO

Zip: 63141

Country: USA

**4. Business Phone No.**

8656931000

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

PROVIDE STAFFING TO HEALTHCARE FACILITIES.

**7. Names and Addresses of the Officers and Directors:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
TREASURER	DAVID JONES	1900 WINSTON ROAD, SUITE 300 KNOXVILLE, TN 37919
SECRETARY	HEIDI S. ALLEN	1900 WINSTON ROAD, SUITE 300 KNOXVILLE, TN 37919 USA
ASSISTANT TREASURER	CAROLE BELMAR	1900 WINSTON ROAD, SUITE 300 KNOXVILLE, TN 37919 USA
PRESIDENT	CATHY VIVIRITO	12647 OLIVE ROAD ST. LOUIS, MO 63141- USA
ASSISTANT SECRETARY	JOHN STAIR	1900 WINSTON ROAD, SUITE 300 KNOXVILLE, TN 37919 USA
DIRECTOR	H. LYNN MASSINGALE	1900 WINSTON ROAD, SUITE 300 KNOXVILLE, TN 37919 USA
DIRECTOR	GREG ROTH	1900 WINSTON ROAD, SUITE 300 KNOXVILLE, TN 37919 USA

#### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
STK		\$1.00	1,000.00	1000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 13 Day of January, 2009 at 10:02:55 AM.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOHN R. STAIR  
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY  
Title

Form No. 630  
Revised 09/07

© 2007 - 2009 State of Rhode Island and Providence Plantations  
All Rights Reserved