



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
(401) 222-3040

# PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. <b>90401</b>		2. Name of Corporation <b>Spectrum Healthcare Resources, Inc.</b>		
3. Street Address Principal Business Office <b>1900 WINSTON RD., SUITE 300</b>		City <b>KNOXVILLE</b>	State <b>TN</b>	Zip <b>37919</b>
4. Business Phone No. <b>(865) 693-1000</b>		5. State of Incorporation <b>DELAWARE</b>		6. SIC Code <b>0</b>
7. Brief Description of the Character of Business Conducted in Rhode Island <b>PROVIDE STAFFING TO HEALTHCARE FACILITIES.</b>				
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
President Name <b>CATHY L. VIVIRITO</b>		Vice President Name <b>GEORGE TRACY</b>		
Street Address <b>1900 WINSTON RD., SUITE 300</b>		Street Address <b>1900 WINSTON RD., SUITE 300</b>		
City <b>KNOXVILLE</b>	State <b>TN</b>	Zip <b>37919</b>	City <b>KNOXVILLE</b>	State <b>TN</b>
Secretary Name <b>JOHN B. STAIR</b>		Treasurer Name <b>CAROLE BELMAR</b>		
Street Address <b>1900 WINSTON RD., SUITE 300</b>		Street Address <b>1900 WINSTON RD., SUITE 300</b>		
City <b>KNOXVILLE</b>	State <b>TN</b>	Zip <b>37919</b>	City <b>KNOXVILLE</b>	State <b>TN</b>
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS				
Director Name <b>E. LYNN MASSINGALE, M.D.</b>		Director Name		
Street Address <b>1900 WINSTON RD., SUITE 300</b>		Street Address		
City <b>KNOXVILLE</b>	State <b>TN</b>	Zip <b>37919</b>	City	State
Director Name		Director Name		
Street Address		Street Address		
City	State	Zip	City	State
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
AUTHORIZED SHARES				
Number of Shares	Class Series	Par Value		
<b>1,000</b>	<b>\$1.00</b>	<b>PAR VALUE</b>		
11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>				
ISSUED SHARES				
Number of Shares	Class Series	Par Value		
<b>1,000</b>	<b>\$1.00</b>			

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\*90401\*

File Date: **2-17-05**  
Check No.: **237169**  
By: **KB**  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer: **John Stair** Date: \_\_\_\_\_  
Print or Type Name of Officer: **John Stair**  
Title of Officer: **Asst. Sec.**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. 90401 2. Name of Corporation Spectrum Healthcare Resources, Inc.  
3. Street Address Principal Business Office City State Zip  
12647 Olive Road, Suite 600 St. Louis MO 63141  
4. Business Phone No. 865-293-5665 5. State of Incorporation Delaware  
6. SIC Code  
7. Brief Description of the Character of Business Conducted in Rhode Island  
Medical Staffing Services

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

President Name Cathy Vivirito Vice President Name Lynn Massingale  
Street Address Street Address  
12647 Olive Road, Suite 600 1900 Winston Rd., Suite 300  
City State Zip City State Zip  
St. Louis MO 63141 Knoxville TN 37919  
Secretary Name John Stair Treasurer Name  
Street Address Street Address  
1900 Winston Rd., Suite 300  
City State Zip City State Zip  
Knoxville TN 37919

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) ☐ FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name Lynn Massingale, M.D. Director Name  
Street Address Street Address  
1900 Winston Rd., Suite 300  
City State Zip City State Zip  
Knoxville TN 37919  
Director Name  
Street Address  
City State Zip City State Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ☐

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value

1,000

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

ISSUED SHARES  
Number of Shares Class/Series Par Value

1,000

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

File Date 9.30.04  
Check No. 216793  
By JS  
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer John Stair Date 9/24/04  
Print or Type Name of Officer  
Title of Officer Asst. Secretary  
Form 630 12/01



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003**  
Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. **90401** 2. Name of Corporation **Spectrum Healthcare Resources, Inc.**

3. Street Address Principal Business Office **12647 Olive Blvd.,** City **St. Louis** State **MO** Zip **63141**

4. Business Phone No. 5. State of Incorporation **DELAWARE** 6. SIC Code **0**

7. Brief Description of the Character of Business Conducted in Rhode Island  
**Medical Staffing Services**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name **Cathy Vivarito** Vice President Name **Lynn Massingale**  
Street Address **10647 Olive Rd.** Street Address **1900 Winston Rd.**  
City **St. Louis** State **MO** Zip **63141** City **Knoxville** State **TN** Zip **37919**

Secretary Name **John Stair** Treasurer Name  
Street Address **1900 Winston Rd.** Street Address  
City **Knoxville** State **TN** Zip **37919** City State Zip

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name **Lynn Massingale** Director Name **Mike Hatcher**  
Street Address **1900 Winston Rd.** Street Address **1900 Winston Rd.**  
City **Knoxville** State **TN** Zip **37919** City **Knoxville** State **TN** Zip **37919**

Director Name Street Address  
City State Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES  
Number of Shares Class/Series Par Value  
**1,000 \$1.00 PAR VALUE**

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES  
Number of Shares Class/Series Par Value  
**1,000 Common \$1,000**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 4 0 1 \*

File Date: **4-21-03**

Check No.: **134566**

By: **lp**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **John R. Stair** Date **3/1/03**

Print or Type Name of Officer **ASST. Sec.**

Title of Officer **ASST. Sec.**



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Edward S. Inman, III, Secretary of State  
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100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.

90401

2. Name of Corporation

Spectrum Healthcare Resources, Inc.

3. Street Address Principal Business Office

12647 Olive Street

City

St. Louis

State

MO

Zip

63141

4. Business Phone No.

(314) 919-8500

5. State of Incorporation

DELAWARE

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Contract Medical Services

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

President Name

Richard H. Miles

Street Address

12647 Olive Street

City

St. Louis

State

MO

Zip

63141

Secretary Name

Ruth E. Kim

Street Address

12647 Olive Street

City

St. Louis

State

MO

Zip

63141

Vice President Name

James W. Moore

Street Address

12647 Olive Street

City

St. Louis

State

MO

Zip

63141

Treasurer Name

Melvin M. Mahoney

Street Address

12647 Olive Street

City

St. Louis

State

MO

Zip

63141

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS

Director Name

Richard H. Miles

Street Address

12647 Olive Street

City

St. Louis

State

MO

Zip

63141

Director Name

Sally A. Powers

Street Address

12647 Olive Street

City

St. Louis

State

MO

Zip

63141

Director Name

James W. Moore

Street Address

12647 Olive Street

City

St. Louis

State

MO

Zip

63141

Director Name

Street Address

City

St. Louis

State

MO

Zip

63141

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 \$1.00 PAR VALUE

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 4 0 1 \*

File Date:

3-4-02

Check No.:

0011625

By:

KMC

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct

Signature of Officer

2/27/02  
Date

MELVIN M. MAHONEY  
Print or Type Name of Officer

TREASURER  
Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



**PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2001**

Filing Period: **January 1-March 1** • Filing Fee: **\$50.00**

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

90401

2. Name of Corporation

Spectrum Healthcare Resources, Inc.

3. Street Address Principal Business Office

12647 Olive Street

City St. Louis

State MO

Zip 63141

4. Business Phone No.

(314) 919-8500

5. State of Incorporation

DELAWARE

6. SIC Code

0

7. Brief Description of the Character of Business Conducted in Rhode Island

Contract Medical Services

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

Richard H. Miles

Street Address

12647 Olive

City St. Louis

State MO

Zip 63141

Secretary Name

Ruth E. Kim

Street Address

12647 Olive

City St. Louis

State MO

Zip 63141

Vice President Name

James W. Moore

Street Address

12647 Olive

City St. Louis

State MO

Zip 63141

Treasurer Name

Melvin M. Mahoney

Street Address

12647 Olive

City St. Louis

State MO

Zip 63141

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

**FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

Richard H. Miles

Street Address

12647 Olive

City St. Louis

State MO

Zip 63141

Director Name

Sally A. Powers

Street Address

12647 Olive

City St. Louis

State MO

Zip 63141

Director Name

James W. Moore

Street Address

12647 Olive

City St. Louis

State MO

Zip 63141

Director Name

Street Address

City

State

Zip

**10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

1,000 SHS \$1.00 PAR VALUE

**11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)**

ISSUED SHARES

Number of Shares

Class/Series

Par Value

1,000

Common

1.00

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 4 0 1 \*

File Date: 3/1

Check No.: 60623

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/26/01  
Signature of Officer Date

MELVIN M. MAHONEY  
Print or Type Name of Officer

TREASURER  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2000

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)



1. Corporate ID No.		2. Name of Corporation			
90401		Spectrum Healthcare Resources, Inc.			
3. Street Address Principal Business Office		City	State	Zip	
12647 Olive Street		St. Louis	MO	63141	
4. Business Phone No.	5. State of Incorporation		6. SIC Code		
314.919.8500	DELAWARE				
7. Brief Description of the Character of Business Conducted in Rhode Island					
Contract Medical Services					
8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
President Name		Vice President Name			
Richard H. Miles		James W. Moore			
Street Address		Street Address			
12647 Olive Street		12647 Olive Street			
City	State	Zip	City	State	Zip
St. Louis	MO	63141	St. Louis	MO	64141
Secretary Name		Treasurer Name			
Ruth E. Kim		Melvin M. Mahoney			
Street Address		Street Address			
12647 Olive Street		12647 Olive Street			
City	State	Zip	City	State	Zip
St. Louis	MO	63141	St. Louis	MO	63141
9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) <b>FILL IN SPACES BEFORE USING ATTACHMENTS</b>					
Director Name		Director Name			
Richard H. Miles		James W. Moore			
Street Address		Street Address			
12647 Olive Street		12647 Olive Street			
City	State	Zip	City	State	Zip
St. Louis	MO	63141	St. Louis	MO	63141
Director Name		Director Name			
Sally A. Powers					
Street Address		Street Address			
12647 Olive Street					
City	State	Zip	City	State	Zip
St. Louis	MO	63141			
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)					
ISSUED SHARES					
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
1,000 SHS	\$1.00 PAR VALUE		1,000	Common	1.00

This report must be **signed in ink** by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 4 0 1 \*

File Date: 3/30/00

Check No.: 728

By: [Signature]

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 2/18/00  
Signature of Officer Date

Melvin M. Mahoney  
Print or Type Name of Officer

Treasurer  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-222-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1999**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

2. Name of Corporation

**90401**

**Spectrum Healthcare Resources, Inc.**

3. Street Address Principal Business Office

**12647 Olive Street**

City

State

Zip

**St. Louis**

**MO**

**63141**

4. Business Phone No.

5. State of Incorporation

**(314) 919-8500**

**DELAWARE**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Contract Medical Services**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

President Name

**Richard H. Miles**

Street Address

**12647 Olive Street**

City

State

Zip

**St. Louis**

**MO**

**63141**

Secretary Name

**Adrienne Sametz**

Street Address

**12647 Olive Street**

City

State

Zip

**St. Louis**

**MO**

**63141**

Vice President Name

**James W. Moore**

Street Address

**12647 Olive Street**

City

State

Zip

**St. Louis**

**MO**

**63141**

Treasurer Name

**Melvin M. Mahoney**

Street Address

**12647 Olive Street**

City

State

Zip

**St. Louis**

**MO**

**63141**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) **FILL IN SPACES BEFORE USING ATTACHMENTS**

Director Name

**Richard H. Miles**

Street Address

**12647 Olive Street**

City

State

Zip

**St. Louis**

**MO**

**63141**

Director Name

**Sally A. Powers**

Street Address

**12647 Olive Street**

City

State

Zip

**St. Louis**

**MO**

**63141**

Director Name

**James W. Moore**

Street Address

**12647 Olive Street**

City

State

Zip

**St. Louis**

**MO**

**63141**

Director Name

Street Address

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares

Class/Series

Par Value

**1,000 SHS \$1.00 PAR VALUE**

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares

Class/Series

Par Value

**1,000**

**Common**

**1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date:

Check No.:

By:

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**Melvin M. Mahoney** **2/23/99**  
Signature of Officer Date

**Melvin M. Mahoney**  
Print or Type Name of Officer

**Treasurer**  
Title of Officer



STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

James R. Langevin, Secretary of State  
Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR **1998**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No.

**90401**

2. Name of Corporation

**Spectrum Healthcare Resources, Inc.**

3. Street Address Principal Business Office

**12647 Olive Street**

City

**St. Louis**

State

**MO**

Zip

**63141**

4. Business Phone No.

**(314) 919-9016**

5. State of Incorporation

**DELAWARE**

6. SIC Code

**9886**

7. Brief Description of the Character of Business Conducted in Rhode Island

**Medical Services**

8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)

President Name

**Richard H. Miles**

Vice President Name

**Sally A. Powers**

Street Address

**12647 Olive Street**

Street Address

**12647 Olive Street**

City

**St. Louis**

State

**MO**

Zip

**63141**

City

**St. Louis**

State

**MO**

Zip

**63141**

Secretary Name

**Adrienne Sametz**

Treasurer Name

**Melvin M. Mahoney**

Street Address

**12647 Olive Street**

Street Address

**12647 Olive Street**

City

**St. Louis**

State

**MO**

Zip

**63141**

City

**St. Louis**

State

**MO**

Zip

**63141**

9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)

Director Name

**Richard H. Miles**

Director Name

**Sally A. Powers**

Street Address

**12647 Olive Street**

Street Address

**12647 Olive Street**

City

**St. Louis**

State

**MO**

Zip

**63141**

City

**St. Louis**

State

**MO**

Zip

**63141**

Director Name

**James W. Moore**

Director Name

Street Address

Street Address

**12647 Olive Street**

City

**St. Louis**

State

**MO**

Zip

**63141**

City

State

Zip

10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT)

AUTHORIZED SHARES

Number of Shares **1,000** Class/Series **Common** Par Value **1.00**

**1,000 SHS \$1.00 PAR VALUE**

11. SHARES ISSUED ("X" BOX FOR ATTACHMENT)

ISSUED SHARES

Number of Shares **1000** Class/Series **Common** Par Value **1.00**

**1000**

**Common**

**1.00**

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



\* 9 0 4 0 1 \*

File Date: **3-10-98**

Check No.: **109451**

Bv: **100**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

Signature of Officer **Melvin M. Mahoney** Date **3/4/98**

Print or Type Name of Officer

**Treasurer**

Title of Officer





STATE OF RHODE ISLAND  
AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State

\* James R. Langevin, Secretary of State  
\* Corporations Division  
100 North Main Street, Providence, RI 02903-1335  
401-277-3040



**PROFIT CORPORATION ANNUAL REPORT 1997**

Filing Period: January 1-March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED IN BLACK)

1. Corporate ID No. **90401** 2. Name of Corporation **Spectrum Healthcare Resources, Inc.**  
3. Street Address Principal Business Office **12647 OLIVE BOULEVARD** City **ST. LOUIS** State **MO** Zip **63141**

4. Business Phone No. **1-800-325-3982 X 9442** 5. State of Incorporation **DELAWARE**

7. Brief Description of the Character of Business Conducted in Rhode Island

**CONTRACT MEDICAL SERVICES**

**8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT)**

President Name **RICHARD MILES** Vice President Name **James W. Moore**  
Street Address **12647 OLIVE BOULEVARD** Street Address **12647 OLIVE STREET**  
City **ST. LOUIS** State **MO** Zip **63141** City **ST. LOUIS** State **MO** Zip **63141**

Secretary Name **ADRENE SAMETZ** Treasurer Name **MELVIN MANNONE**  
Street Address **12647 OLIVE BOULEVARD** Street Address **12647 OLIVE STREET**  
City **ST. LOUIS** State **MO** Zip **63141** City **ST. LOUIS** State **MO** Zip **63141**

**9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT)**

Director Name **RICHARD MILES** Director Name  
Street Address **12647 OLIVE BLVD.** Street Address  
City **ST. LOUIS** State **MO** Zip **63141** City  
Director Name **JAMES W. MOORE Sally Powers** Director Name  
Street Address **12647 OLIVE BLVD** Street Address  
City **ST. LOUIS** State **MO** Zip **63141** City

**10. SHARES AUTHORIZED AND ISSUED ("X" BOX FOR ATTACHMENT)**

AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
<b>1,000 SHS</b>	<b>\$1.00</b>	<b>PAR VALUE</b>	<b>1000</b>	<b>COMMON</b>	<b>1.00</b>

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date: **4/1/97**

Check No.: **153792**

By: **CS**

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

**X** **James W. Moore** **3/26/97**  
Signature of Officer Date

**James W. Moore**

Print or Type Name of Officer

**Exec. VICE PRESIDENT**  
Title of Officer