

FOR SECRETARY OF STATE USE ONLY

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) L. Corporate ID No. 2. Name of Corporation 90401 Spectrum Healthcare Resources, Inc. 3. Street Address Principal Business Office KNOXUILLE State of Incorporation DELAWARE 0 PROVIDE STAFFING TO HEALTHCARE FACILITIES. 8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS MHY VIVIRITO 9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) (N FILL IN SPACES BEFORE USING ATTACHMEN Director Name Street Address City Director Name Street Address Street Address CHYZιρ Zip 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class Series Par Value Number of Shares Class Series Par Value 1,000 \$1.00 PAR VALUE \$100 1,000 This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee Under penalty of perjury. Literare and affirm that I have examined this report. including any accompanying schedules and statements, and that all statements contained herein are true and correct. 2-17-06 File Date Signature of C Check No. Date

Title of Officer

Form 630 12/01



(FORM MUST BE TYPED IN A 1-Corporate ID No	BLACK) 2. Name of Corpord	ition			
90401	_	ealthcare Resourc	es, Inc.		
3. Street Address Principal Busir	••		City	State	Zip
12647 Olive Road, 4. Business Phone No.	Suite 600	5. State of Incorporation	St. Louis	МО	63141 6. SIC Code
865-293-5665 7. Brief Description of the Chard		Delaware ucted in Rhode Island			
Medical Staffing 8. NAMES AND ADDRÉSS President Name		CERS ("X" BOX FOR ATTA	CHMENT) FILL IN SPAC	ES BEFORE USING AT	IACHMENTS
Cathy Vivirito			Lynn Massingale Street Address		
12647 Olive Road,	Suite 600		1900 Winston Rd.	. Suite 300	
(4)	State	Zip	City	State	Zip
St. Louis ecretary Name	МО	63141	Knoxville Treasurer Name	TN	37919
John Stair					
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irea Address 1900 Winston Rd., iny Knoxville	Suite 300 State TN	<i>Zip</i> 37919	Street Address City	State	Zip
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	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements,
9.30-04	and that all statements contained herein are true and correct.
Check No. 216793	Signature of Offiger Date
By: Or	Print or Type Name of Officer A 75-71 Se-Se 1 4
FOR SECRETARY OF STATE USE ONLY	Title of Officer Form 63



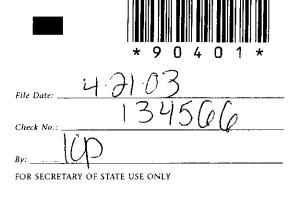
Edward S. Inman, III. Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2003

STOP PLL SE READ ENSIRECTIONS

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10. SHARES AUTHOR AUTHORIZED SHARES	IZED ("X" BOX FOR ATT	ACHMENT)	11. SHARES ISSUED ("X" ISSUED SHARES	BOX FOR ATTACHMENT	")
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Director Name		,	Director Name		/
City Vinagril	la State	37acj	City Vinge v. 16	State_	zip 37917
Street Address /900	winstan	Rd.	Street Address 1700 L	V,'157a	Rd.
Director Name	Mussingal	ECTORS ("X" BOX FOR AT	Director Name M. Ur. 14	er	
•	6 State TN	Zip 37919	TACHMENT) FILLIN CDACES	BEFORE USING ATTA	·
	00 W.'1579		Citv	State	Zip
	in Stair		Street Address		
Secretary Name	-	₩ 7/₹ /	Treasurer Name	• • •	7111
City Gt. Javis	State Mo	zip 63/4/	City Uned 2:11c	State 1	21p 3 7919
Street Address	olive Rd.		Street Address 1900 E City Unarville	W:15-7 Ro	<i>I</i> _
President Name Cath.	y Vivicito		Vice President Name LY www M	assinsal	
8. NAMES AND ADD	PRESSES OF THE OFF	FICIONS ("X" BOX FOR ATTA	ACHMENT) FILL IN SPACES B	EFORE USING ATTAC	CHMENTS
7. Brief Description of the Cha		in Rhode Island	-c		·
4. Business Phone No.		5. State of Incorporation DELAWARE	n		6. SIC Code 0
3. Street Address Principal Bu	7 Olive Blu	الح	Stilouis	State Mo	· 63/4
90401	Spectrum I	Healthcare Resources, In	с.		
(FORM MUST BE TYPED OR 1. Corporate ID No.	PRINTED IN BLACK) 2. Name of Corpor	ration			
		Filing Fee: \$50.00	EPOKI FOR THE	, 1EAR	PLL

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



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

Signature of Officer Date

John R. 579'

A \$47. Sec. | 7/1/63

Title of Officer | Form (



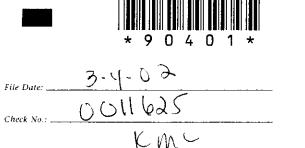
Edward S. Inman, III, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401-222-3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2002

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 Zip63141 12647 Olive Street St. Louis MO 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) FILL IN SPACES BEFORE USING ATTACHMENTS Vice President Name President Name James W. Moore Richard H. Miles Street Address Street Address 12647 Olive Street 12647 Olive Street City State State 63141 MO 63141 MO St. Louis St. Louis Secretary Name Treasurer Name Ruth E. Kim Melvin M. Mahoney Street Address Street Address 12647 Olive Street 12647 Olive Street 63141 63141 St. Louis St. Louis MO 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS Director Name Director Name Richard H. Miles James W. Moore Street Address Street Address 12647 Olive Street 12647 Olive Street City ZipMO 63141 St. Louis MO 63141 St. Louis Director Name Director Name Sally A. Powers Street Address Street Address 12647 Olive Street 63141 MO St. Louis 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Number of Shares Class/Series Par Value Number of Shares Class/Series Par Value 1,000 \$1.00 PAR VALUE 1.00 1,000 Common

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

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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

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Signature of Officer	Date	
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MELVIN M. MAR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Print or Type Name of Officer	Horgey	

Title of Officer Form 630 12/01

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 15 • Filing Fee: \$50.00



(FORM MUST BE TYPED IN BLACK) 1. Corporate ID No. 2. Name of Corporation 90401 Spectrum Healthcare Resources, Inc. edical Services 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) FILL IN SPACES BEFORE USING ATTACHMENTS FILL IN SPACES BEFORE USING ATTACHMENTS NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) zip (~3141 Street Address City State 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) ISSUED SHARES AUTHORIZED SHARES Par Value Class/Series Class/Series Par Value Number of Shares Number of Shares 1,000 SHS \$1.00 PAR VALUE

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 *	Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, as that all statements contained herein are true and correct.		
File Date:	Signature of Officer Date		
By:	Print or Type Name of Officer		
FOR SECRETARY OF STATE USE ONLY	TREASURER Title of Officer		

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

401-222-	3040
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(FORM MUST BE TYPED IN BLACK) 2. Name of Corporation 1. Corporate ID No. 90401 Spectrum Healthcare Resources, Inc. City Zip3. Street Address Principal Business Office State 12647 Olive Street MO 63141 St. Louis 6. SIC Code 4. Business Phone No. 5. State of Incorporation 314.919.8500 7. Brief Description of the Character of Business Conducted in Rhode Island Contract Medical Services FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name President Name Richard H. Miles James W. Moore Street Address Street Address 12647 Olive Street 12647 Olive Street Zip State City State 64141 MO 63141 St. Louis MO St. Louis Treasurer Name Secretary Name Ruth E. Kim Melvin M. Mahoney Street Address Street Address 12647 Olive Street 12647 Olive Street State City MO 63141 St. Louis MO 63141 St. Louis FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Richard H. Miles James W. Moore Street Address Street Address 12647 Olive Street 12647 Olive Street MO 63141 MO 63141 St. Louis St. Louis Director Name Director Name Sally A. Powers Street Address Street Address 12647 Olive Street City St. Louis MO 63141 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Class/Series Par Value Par Value Number of Shares Number of Shares Class/Series

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

1,000

Treasurer
Title of Officer

	* 9 0 4 0 1 *
File Date:	3/30/00
Check No.:	728
By:	OF STATE USE ONLY

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1,000 SHS \$1.00 PAR VALUE

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.

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Signature of Officer	Date
Melvin M. Mahoney	
Print or Type Name of Officer	

1.00



President Name

Richard H. Miles

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) 2. Name of Corporation 1. Corporate ID No. Spectrum Healthcare Resources, Inc. 90401 Zip3. Street Address Principal Business Office 63141 MO St. Louis 12647 Olive Street 6. SIC Code 5. State of Incorporation 4. Business Phone No. (314) 919-8500 DELAWARE 7. Brief Description of the Character of Business Conducted in Rhode Island

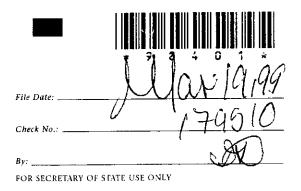
James W. Moore

Contract Medical Services FILL IN SPACES BEFORE USING ATTACHMENTS 8. NAMES AND ADDRESSES OF THE OFFICERS ("X" BOX FOR ATTACHMENT) Vice President Name

Street Address Street Address 12647 Olive Street 12647 Olive Street State 63141 MO 63141 St. Louis MO Treasurer Name Secretary Name Melvin M. Mahoney Adrienne Sametz Street Address 12647 Olive Street 12647 Olive Street City ZipCity 63141 MO 63141 MO St. Louis FILL IN SPACES BEFORE USING ATTACHMENTS 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name James W. Moore Richard H. Miles Street Address Street Address 12647 Olive Street 12647 Olive Street Zip City City 63141 MO 63141 St. Louis MO St. Louis Director Name Director Name Sally A. Powers Street Address Street Address 12647 Olive Street Zip State City City 63141 MO St. Louis 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES Par Value Class/Series Par Value Number of Shares Class/Series Number of Shares

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

1,000



1,000 SHS \$1.00 PAR VALUE

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and

Common

She Ch La	Z'z3/99
Signature of Officer	Date
Melvin M. Mahoney	

Print or Type Name of Officer

Treasurer

Title of Officer

1.00



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

STOP PLEASE READ INSTRUCTIONS

(FORM MUST BE TYPED IN BLACK) I. Corporate ID No. 2. Name of Corporation 90401 Spectrum Healthcare Resources, Inc. 3. Street Address Principal Business Office State 63141 St. Louis MO 12647 Olive Street 4. Business Phone No. 6. SIC Code 5. State of Incorporation DELAWARE (314) 919-9016 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 Vice President Name Sally A. Powers Richard H. Miles Street Address Street Address 12647 Olive Street 12647 Olive Street City State 63141 63141 St. Louis MO MO St. Louis Secretary Name Treasurer Name Melvin M. Mahoney Adrienne Sametz Street Address 12647 Olive Street 12647 Olive Street State City State 63141 63141 MO MO St. Louis St. Louis 9. NAMES AND ADDRESSES OF THE DIRECTORS ("X" BOX FOR ATTACHMENT) Director Name Director Name Sally A. Powers Richard H. Miles Street Address Street Address 12647 Olive Street 12647 Olive Street City City St. Louis MO 63141 63141 MO St. Louis Director Name Director Name James W. Moore Street Address Street Address 12647 Olive Street City State City State Zip 63141 MO St. Louis 10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) 11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) AUTHORIZED SHARES ISSUED SHARES 1,000 Class/Series Common Par Value 1.00 Number of Shares Number of Shares Class/Series Par Value hooo (=mmo) 1.00 1,000 SHS \$1.00 PAR VALUE

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

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File Date: 3-10-98	
Check No.: 1(0945)	
1 (P	
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.

Inchie	_ 3/4/98
Signature of Officer Melvin M. Mahoney	/ Date
Print or Type Name of Officer Treasurer	



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

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INSTRUCTIONS BEFORE COMPLETING	
THIS FORM	/

Filing Period: January 1-March 1 • Filing Fee: \$50:00

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90401	Spectrum I	lealthcare Resources				
4. Business Phone No.	E BOUSUARD	5. State of Incorporation	ST. LOUIS	State MU	2ip 6. SIC Code	
7. Brief Description of the Chara					·	
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President Name			Vice President Name			
KICHNRD 1 Street Address			Street Address		es W. Moore	<u>-</u>
12647 DL/VE	L BOULEUAL State	D Zip	12647 OF	IVE STRACT State	Zip	
ST. WUS	MD	63141	ST. LOUS Treasurer Name	mb	63141	
MDRKNNE Street Address			MELUIN A	NHONEY		
12647 OLI	UE BOULEUAT	LD zip	12647 BLI	STREET State	Zip	
ST LOUIS	Mo	63141	ST. LOUS	m D marian madalakan kanta	6314	
Director Name		CTORS ("X" BOX FOR ATTA	CHMENT) Director Name			e ^r
Street Address	MILES		Street Address			
City	UE BLVD.	Zip	City	State	Zip	
ST. LOUS Director Name	m0.	63141 Sally Powers	Director Name			
TAMES TO	IVE BLUD	/	Street Address		<u></u>	
12647 OL	State	zip (2111)	City	State	Zip	
10. SHARES AUTHORIZ AUTHORIZED SHARES		BOX FOR ATTACHMENT)	issued shares			12
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value	
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This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee

Title of Officer

	* 9 0 4 0 1 *
File Date:	4/4/47
Check No.:	153792
<i>By:</i>	F 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.

Print or Type Name of Officer

Tames W. Moore

orm 31 12/96