

No. W 87689		Due no later than Oct 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. HEALTHPRO MANAGEMENT SERVICES, LLC TERRI LYON 10600 YORK RD STE 105 COCKEYSVILLE MD 21030		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	SPECTRUM PROFESSIONAL SERVICES, LLC	10600 YORK ROAD STE 105	COCKEYSVILLE	MD	USA	21030	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 87689		Signature: Terri Lyon				Date: 08/10/2010	
		Name (type or print): Terri Lyon				Title: Project Manager	
Processed 08/10/2010		* Electronically provided signatures are accepted as original signatures.					