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Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P25779** **(0)**

1. Corporation Name
FOCUS HEALTHCARE MANAGEMENT, INC.

Principal Place of Business	Mailing Address
7101 EXECUTIVE CENTER DR. STE. 375 BRENTWOOD TN 37027	7101 EXECUTIVE CENTER DR. STE. 375 BRENTWOOD TN 37027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1989

2. Principal Place of Business (21)	2a. Mailing Address (26): 130 SECOND AVENUE
Suite, Apt. #, etc. (22): Suite 325	Suite, Apt. #, etc. (27): ATTN: CORP. TAX DEPT
City & State (23)	City & State (28): WALTHAM, MA
Zip (24) / Country (25)	Zip (29): 02154 / Country (30)

4. FEI Number: 62-1266888 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P COX, THOMAS 7101 EXECUTIVE CENTER DR, SUITE 375 BRENTWOO TN	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition THOMAS F. COX 7101 EXECUTIVE CENTER DR, SUITE 325 BRENTWOOD, TN 37027	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GEOFFRION, DONA-MARIE 7101 EXECUTIVE CENTER DR, SUITE 375 BRENTWOOD TN	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 7101 EXECUTIVE CENTER DR, SUITE 325 BRENTWOOD, TN 37027	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PESLE, JOSPEH 312 UNION WHARF BOSTON MA	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition JOSEPH F. PESCE BOSTON, MA 02109	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCLARTHY, JOHN A 312 UNION WHARF BOSTON MA	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☒ Change ☐ Addition JOHN A. MCCARTHY, JR. BOSTON, MA 02109	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CS LARSON, DONALD 312 UNION WHARF BOSTON MA	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☒ Change ☐ Addition S/D DONALD J. LARSON BOSTON, MA 02109	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ROCHE', KEVIND H 300 OPUS CENTER: 9900 BREN RD. E. MINNETONKA MN 55343	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition	

CR2E034 (10/97)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/15/98 (781)290-5350