

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
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
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DOCUMENT # P25779 (0)

1. Corporation Name
FOCUS HEALTHCARE MANAGEMENT, INC.



Principal Place of Business 7101 EXECUTIVE CENTER DR. STE. 375 BRENTWOOD TN 37027	Mailing Address 7101 EXECUTIVE CENTER DR. STE. 375 BRENTWOOD TN 37027
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 Suite 325 23 City & State 24 Zip 25 Country		2a. Mailing Address 26 130 SECOND AVENUE 27 Suite, Apt. #, etc. ATTN: CORP. TAX DEPT 28 City & State WALTHAM, MA 29 Zip 02154 30 Country		3. Date Incorporated or Qualified 08/22/1989	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	

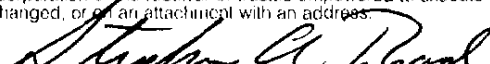
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

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

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:  ulis160 (78) 290-5350

CR2E034 (10/97)