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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90066 033 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P25779

1. Corporation Name

FOCUS HEALTHCARE MANAGEMENT, INC.



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| Principal Place of Business 7101 EXECUTIVE CENTER DR. STE 325 BRENTWOOD TN 37027 US | Mailing Address 130 2ND AVE ATTN CORP TAX DEPT WALTHAM MA 02154 US |
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DO NOT WRITE IN THIS SPACE

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| 2. Principal Place of Business 21 720 Cool Springs Blvd. Suite, Apt. #, etc. 22 Suite 300 City & State 23 Franklin TN Zip 24 37067 25 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 02451 30 |
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| 3. Date Incorporated or Qualified 08/22/1989 | 4. FEI Number 62-1266888 Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 |
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| 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

| | | | |
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| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P COX, THOMAS F 7101 EXECUTIVE CTR DR STE 325 BRENTWOOD TN 37027 <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 720 Cool Springs Blvd., Suite 300 Franklin TN 37067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP GEOFFRION, DONA-MARIE 7101 EXECUTIVE CTR DR STE 325 BRENTWOOD TN 37027 <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition V 720 Cool Springs Blvd., Suite 300 FRANKLIN TN 37067 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T PESCE, JOSEPH F 312 UNION WHARF BOSTON MA 02109 <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP MCCARTHY, JOHN A JR 312 UNION WHARF BOSTON MA 02109 <input checked="" type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition V STEPHEN READ 130 SECOND AVE WALTHAM, MA 02451 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD LARSON, DONALD J 312 UNION WHARF BOSTON MA 02109 <input checked="" type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition D DANIEL J. THOMAS 312 UNION WHARF BOSTON MA 02109 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> 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 with all other like empowered.

SIGNATURE:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

VP & CONTROLLER 4.14.99 781-290-5350
Date Daytime Phone #

CR2E034 (11/98)