

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date incorporated or Qualified: **08/22/1989**
3a. Date of Last Report: **11/06/1995**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24
Country: 25
28. City & State: 27
29. Zip: 29
Country: 30

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
85. Zip Code: **FL**

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 of registered agent, if one is being appointed, and the date of signature. (NOTE: Registered Agent signature required when re-electing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGUIRE, WILLIAM W MD	1.2 NAME	
STREET ADDRESS	300 OPUS CENTER: 9900 BREN RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	E. MINNETONKA MN 55343	1.4 CITY-ST-ZIP	
TITLE	DVPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOPPE, DAVID P	2.2 NAME	
STREET ADDRESS	300 OPUS CENTER: 9900 BREN RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	E. MINNETONKA MN 55343	2.4 CITY-ST-ZIP	
TITLE	DPCE <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEAN, DAVID J	3.2 NAME	
STREET ADDRESS	300 OPUS CENTER: 9900 BREN RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	E. MINNETONKA MN 55343	3.4 CITY-ST-ZIP	
TITLE	VOPE <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LACKEY, JAMES V	4.2 NAME	
STREET ADDRESS	7101 EXECUTIVE CENTER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BRENTWOOD TN 37027	4.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPICOLA, BRIGID M	5.2 NAME	
STREET ADDRESS	300 OPUS CENTER: 9900 BREN RD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	E. MINNETONKA MN 55343	5.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHE', KEVIND H	6.2 NAME	
STREET ADDRESS	300 OPUS CENTER: 9900 BREN RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	E. MINNETONKA MN 55343	6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: **3/25/96** (612)-936-1709
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Brigid M. Spicola, Secretary**

CR2E034 (12/95)