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Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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: 7101 EXECUTIVE CENTER DR. STE. 375 BRENTWOOD TN 37027  
Mailing Address: 7101 EXECUTIVE CENTER DR. STE. 375 BRENTWOOD TN 37027-5236

|                                |                         |  |                                       |
|--------------------------------|-------------------------|--|---------------------------------------|
| 2. Principal Place of Business | 2a. Mailing Address     | 3. Date Incorporated or Qualified<br>08/22/1989  | 3a. Date of Last Report<br>04/09/1996 |
| 21. Suite, Apt. #, etc.        | 26. Suite, Apt. #, etc. | 4. FEI Number<br>62-1266888  | Applied For<br>Not Applicable         |
| 22. City & State               | 27. City & State        | 5. Certificate of Status Desired <input checked="" type="checkbox"/>   | \$8.75 Additional Fee Required        |
| 23. Zip                        | 28. Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | \$5.00 May Be Added to Fees           |
| 24. Country                    | 29. Country             | 30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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   | 85. Zip Code |
| 82. Street Address (P.O. Box Number is Not Acceptable) |              |
| 83. City   | 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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--|---|--|
| TITLE                      | D<br>MCGUIRE, WILLIAM W MD                               | <input checked="" type="checkbox"/> DELETE            | 1.1 TITLE<br>PRESIDENT                                   |
| NAME                       | 300 OPUS CENTER: 9900 BREN RD.<br>E. MINNETONKA MN 55343 |   | 1.2 NAME<br>THOMAS F. COX                                |
| STREET ADDRESS             |  |   | 1.3 STREET ADDRESS<br>7101 EXECUTIVE CENTER DR., STE 375 |
| CITY - ST - ZIP            |  |   | 1.4 CITY - ST - ZIP<br>BRENTWOOD, TN 37027               |
| TITLE                      | DVPT<br>KOPPE, DAVID P                                   | <input checked="" type="checkbox"/> DELETE            | 2.1 TITLE<br>VICE PRESIDENT                              |
| NAME                       | 300 OPUS CENTER: 9900 BREN RD.<br>E. MINNETONKA MN 55343 |   | 2.2 NAME<br>DANA-MARIE GEORFFALON                        |
| STREET ADDRESS             |  |   | 2.3 STREET ADDRESS<br>701 EXECUTIVE CENTER DR., STE 375  |
| CITY - ST - ZIP            |  |   | 2.4 CITY - ST - ZIP<br>BRENTWOOD, TN 37027               |
| TITLE                      | DPCE<br>MCLEAN, DAVID J                                  | <input checked="" type="checkbox"/> DELETE            | 3.1 TITLE<br>TREASURER, CFO                              |
| NAME                       | 300 OPUS CENTER: 9900 BREN RD.<br>E. MINNETONKA MN 55343 |   | 3.2 NAME<br>JOSEPH F. PESLE                              |
| STREET ADDRESS             |  |   | 3.3 STREET ADDRESS<br>312 UNION WHARF                    |
| CITY - ST - ZIP            |  |   | 3.4 CITY - ST - ZIP<br>BOSTON, MA 02109                  |
| TITLE                      | VOPE<br>LACKEY, JAMES V                                  | <input checked="" type="checkbox"/> DELETE            | 4.1 TITLE<br>VICE PRESIDENT                              |
| NAME                       | 7101 EXECUTIVE CENTER DRIVE<br>BRENTWOOD TN 37027        |   | 4.2 NAME<br>JOHN A. MCLEATHY, JR.                        |
| STREET ADDRESS             |  |   | 4.3 STREET ADDRESS<br>312 UNION WHARF                    |
| CITY - ST - ZIP            |  |   | 4.4 CITY - ST - ZIP<br>BOSTON, MA 02109                  |
| TITLE                      | S<br>SPICOLA, BRIGID M                                   | <input checked="" type="checkbox"/> DELETE            | 5.1 TITLE<br>CHAIRMAN + SECRETARY                        |
| NAME                       | 300 OPUS CENTER: 9900 BREN RD.<br>E. MINNETONKA MN 55343 |   | 5.2 NAME<br>RONALD J. LARSON                             |
| STREET ADDRESS             |  |   | 5.3 STREET ADDRESS<br>312 UNION WHARF                    |
| CITY - ST - ZIP            |  |   | 5.4 CITY - ST - ZIP<br>BOSTON, MA 02109                  |
| TITLE                      | AS<br>ROCHE, KEVIN D H                                   | <input checked="" type="checkbox"/> DELETE            | 6.1 TITLE  |
| NAME                       | 300 OPUS CENTER: 9900 BREN RD.<br>E. MINNETONKA MN 55343 |   | 6.2 NAME   |
| STREET ADDRESS             |  |   | 6.3 STREET ADDRESS                                       |
| CITY - ST - ZIP            |  |   | 6.4 CITY - ST - ZIP                                      |

14. I do 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, unchanged, or on an attachment with an address.

SIGNATURE: *Thomas F. Cox* Thomas F. Cox 4/1/97 (615) 377-9936  
DATE: \_\_\_\_\_ DAYTIME PHONE: \_\_\_\_\_

CR2E034 (9/96)