

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		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	130 SECOND AVENUE	08/22/1989	
Suite, Apt. #, etc. 22 Suite 325		Suite, Apt. #, etc. 27 ATTN: CORP. TAX DEPT		4. FEI Number	
City & State 23		City & State 28 WALTHAM, MA		62-1266888	
Zip 24	Country 25	Zip 29 02154	Country 30	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 _____
 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	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COX, THOMAS			1.2 NAME	THOMAS F. COX		
STREET ADDRESS	7101 EXECUTIVE CENTER DR, SUITE 375			1.3 STREET ADDRESS	7101 EXECUTIVE CENTER DR, SUITE 325		
CITY-ST-ZIP	BRENTWOOD TN			1.4 CITY-ST-ZIP	BRENTWOOD, TN 37027		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GEOFFRION, DONA-MARIE			2.2 NAME			
STREET ADDRESS	7101 EXECUTIVE CENTER DR, SUITE 375			2.3 STREET ADDRESS	7101 EXECUTIVE CENTER DR, SUITE 325		
CITY-ST-ZIP	BRENTWOOD TN			2.4 CITY-ST-ZIP	BRENTWOOD, TN 37027		
TITLE	T	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PESLE, JOSPEH			3.2 NAME	JOSEPH F. PESCE		
STREET ADDRESS	312 UNION WHARF			3.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			3.4 CITY-ST-ZIP	BOSTON, MA 02109		
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MCLARTHY, JOHN A			4.2 NAME	JOHN A. MCCARTHY, JR.		
STREET ADDRESS	312 UNION WHARF			4.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			4.4 CITY-ST-ZIP	BOSTON, MA 02109		
TITLE	CS	<input type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LARSON, DONALD			5.2 NAME	S/D DONALD J. LARSON		
STREET ADDRESS	312 UNION WHARF			5.3 STREET ADDRESS			
CITY-ST-ZIP	BOSTON MA			5.4 CITY-ST-ZIP	BOSTON, MA 02109		
TITLE	AS	<input checked="" 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			

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: *[Signature]* ulis160 (78) 290-5350

CR2E034 (10/97)