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Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90066 033 ***150.00

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.



DO NOT WRITE IN THIS SPACE

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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3. Date Incorporated or Qualified 08/22/1989	4. FEI Number 62-1266888	Applied For <input type="checkbox"/> 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		

2. Principal Place of Business 21 720 Cool Springs Blvd.	2a. Mailing Address 26
Suite, Apt. #, etc. 22 Suite 300	Suite, Apt. #, etc. 27
City & State 23 Franklin TN	City & State 28
Zip 24 37067 25	Zip 29 02451 30 Country

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

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

TITLE	P	<input type="checkbox"/> DELETE
NAME	COX, THOMAS F	
STREET ADDRESS	7101 EXECUTIVE CTR DR STE 325	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	GEOFFRION, DONA-MARIE	
STREET ADDRESS	7101 EXECUTIVE CTR DR STE 325	
CITY-ST-ZIP	BRENTWOOD TN 37027	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PESCE, JOSEPH F	
STREET ADDRESS	312 UNION WHARF	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTHY, JOHN A JR	
STREET ADDRESS	312 UNION WHARF	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	LARSON, DONALD J	
STREET ADDRESS	312 UNION WHARF	
CITY-ST-ZIP	BOSTON MA 02109	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	720 Cool Springs Blvd., Suite 300
1.4 CITY-ST-ZIP	Franklin TN 37067
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	720 Cool Springs Blvd., Suite 300
2.4 CITY-ST-ZIP	FRANKLIN TN 37067
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STEPHEN READ
4.3 STREET ADDRESS	130 SECOND AVE
4.4 CITY-ST-ZIP	WALTHAM, MA 02451
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DANIEL J. THOMAS
5.3 STREET ADDRESS	312 UNION WHARF
5.4 CITY-ST-ZIP	BOSTON MA 02109
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 with all other like empowered.

SIGNATURE: _____ DATE: **4.14.99** DAYTIME PHONE #: **781-290-5350**

CR2E034 (11/98)