

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2002 8:00 am
Secretary of State

04-24-2002 90259 037 ***150.00

DOCUMENT # P25779

1. Entity Name
FOCUS HEALTHCARE MANAGEMENT, INC.

Principal Place of Business

**720 COOL SPRINGS BLVD
 STE 300
 FRANKLIN TN 37067
 US**

Mailing Address

**130 2ND AVE
 ATTN CORP TAX DEPT
 WALTHAM MA 02451
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

62-1266888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	COX, THOMAS F	
STREET ADDRESS	720 COOL SPRINGS BLVD STE 300	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	VP	<input type="checkbox"/> Delete
NAME	GEOFFRION, DONA-MARIE	
STREET ADDRESS	720 COOL SPRINGS BLVD STE 300	
CITY-ST-ZIP	FRANKLIN TN 37067	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KIRALY, THOMAS	
STREET ADDRESS	5080 SPECTRUM DR., 400 WEST TOWER	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE	AVP	<input type="checkbox"/> Delete
NAME	CHEDEKEL, GARY	
STREET ADDRESS	130 SECOND AVE	
CITY-ST-ZIP	WALTHAM MA 02451-1140	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, DANIEL J	
STREET ADDRESS	5080 SPECTRUM DR., 400 WEST TOWER	
CITY-ST-ZIP	ADDISON TX 75001	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 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

[Handwritten Signature]
GARY CHEDEKEL

Date **4-2-02**

Daytime Phone # **78290-5350**

CR2E034 (9/01)