
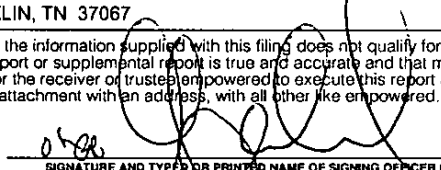


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90298 039 ***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 SECOND AVE. ATTN: CORP. TAX DEPT. WALTHAM, MA 02451 US			
2. Principal Place of Business		3. Mailing Address 77 So. Bedford St. Suite 200			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Attn: Corp Tax Dept			
City & State		City & State Burlington MA			
Zip	Country	Zip	Country	01042005 Chg-P CR2E034 (10/03) 4. FEI Number 62-1266888 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COX, THOMAS F			NAME	
STREET ADDRESS	720 COOL SPRINGS BLVD STE 300			STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN, TN 37067			CITY-ST-ZIP	
TITLE	VP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEOFFRION, DONA-MARIE			NAME	
STREET ADDRESS	720 COOL SPRINGS BLVD STE 300			STREET ADDRESS	
CITY-ST-ZIP	FRANKLIN, TN 37067			CITY-ST-ZIP	
TITLE	TD	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRALY, THOMAS			NAME	
STREET ADDRESS	5080 SPECTRUM DR., 400 WEST TOWER			STREET ADDRESS	5080 Spectrum Dr. 1200 W. Tower
CITY-ST-ZIP	ADDISON, TX 75001			CITY-ST-ZIP	
TITLE	AVP	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEDEKEL, GARY			NAME	
STREET ADDRESS	130 SECOND AVE			STREET ADDRESS	77 So. Bedford St.
CITY-ST-ZIP	WALTHAM, MA 024511140			CITY-ST-ZIP	Burlington MA 01803
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, DANIEL J			NAME	
STREET ADDRESS	5080 SPECTRUM DR., 400 WEST TOWER			STREET ADDRESS	5080 Spectrum Dr. 1200 W. Tower
CITY-ST-ZIP	ADDISON, TX 75001			CITY-ST-ZIP	
TITLE	SVP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICKENS, CECIL			NAME	Exec VP Gen'l Counsel
STREET ADDRESS	720 COOL SPRINGS BLVD #300			STREET ADDRESS	Richard A. Parker II
CITY-ST-ZIP	FRANKLIN, TN 37067			CITY-ST-ZIP	5080 Spectrum Dr. 1200 W. Tower
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			GARY CHEDEKEL 4.14.05 781.290.5350		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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