

P25779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

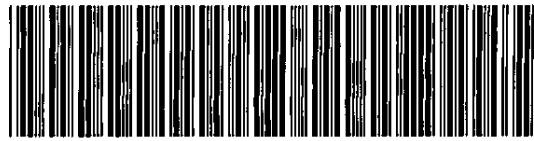
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400095143464

FILED
07 APR 10 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04/10/07--01003--002 **35.00

PAcked
OKC
4/9

Superior **INFORMATION™**

A ChoicePoint® Service

300 Phillips Blvd., Trenton, NJ 08618
Tel: 609-883-7000 Toll Free: 800-848-0489
Fax: 866-235-6274
www.superiorinfo.com

Date: April 4, 2007

To: FLORIDA DIVISION OF CORPORATIONS

From: SHUBHA ARAVINDAN

Re: FOCUS HEALTHCARE MANAGEMENT, INC.

Change of Registered Agent and Registered Office

Enclosed herewith please find the necessary document to Change the Registered Agent and Registered Office of the above referenced in your state.

Further enclosed is our check in the amounts of \$35.00 to cover the cost of filing.

Please file the enclosed document upon receipt, returning the customary evidence to my attention in the self-addressed, stamped envelope enclosed for your convenience. Or, if not using the return envelope provided please **mail filing evidence to:**

Superior Information Services Inc.
300 Phillips Blvd.
Trenton, NJ 08618
Attn: SHUBHA ARAVINDAN

If there are any problems with the enclosed filing please contact me at the following toll free number: (800) 848-0489, ext. 5413

Thank you for your assistance in this matter!

RECEIVED
07 APR -9 AM 8:00
DIVISION OF CORPORATIONS

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Focus Healthcare Management, Inc.
(Name of Corporation)

DOCUMENT NUMBER: P25779

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shubha Aravindan
(Name of Contact Person)

Charles Jones, LLC
(Firm/Company)

300 Phillips Blvd, Suite 400
(Address)

Trenton New Jersey 08618
(City/State and Zip Code)

For further information concerning this matter, please call:

Shubha Aravindan at (800) 792 - 8888
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:
Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of TN in order to change its registered office or registered agent, or both, in the State of Florida.

- 1. The name of the corporation: Focus Healthcare Management, Inc.
- 2. The principal office address: 720 Cool Springs Blvd, # 300
Tallahassee, FL 32301
- 3. The mailing address (if different): _____
- 4. Date of incorporation/qualification: 01/16/1986 Document number: P25779

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

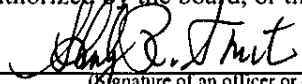
FILED
07 APR 10 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

NRAI Services, Inc.
2731 Executive Park Drive, Suite 4
(P.O. Box NOT acceptable)
Weston, FL 33331

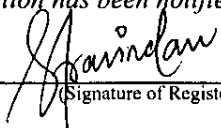
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.


(Signature of an officer or director)

Shirley R. Smith, Secretary
(Printed or typed name and title)

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.


(Signature of Registered Agent)

4/4/2007
(Date)

If signing on behalf of an entity:

Shubha Aravindan
(Typed or Printed Name)

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314