

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P25779

FILED  
Apr 26, 2010  
Secretary of State

**Entity Name:** FOCUS HEALTHCARE MANAGEMENT, INC.

**Current Principal Place of Business:**

6705 ROCKLEDGE DR.  
SUITE 900  
BETHESDA, MD 20817 US

**New Principal Place of Business:**

**Current Mailing Address:**

6705 ROCKLEDGE DR.  
SUITE 900  
BETHESDA, MD 20817 US

**New Mailing Address:**

**FEI Number:** 62-1266888      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., SUITE 4  
WESTON, FL 33331 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: P  
Name: YOUNG, DAVID  
Address: 6705 ROCKLEDGE DR. SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: VP  
Name: KARP, ALLEN  
Address: 6705 ROCKLEDGE DR. SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: TD  
Name: RUHLMANN, JOHN J  
Address: 6705 ROCKLEDGE DR. SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: VP  
Name: ARTHUR, LYNCH J  
Address: 6705 ROCKLEDGE DR. SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: D  
Name: JAMES, MCGARRY E  
Address: 6705 ROCKLEDGE DR. SUITE 900  
City-St-Zip: BETHESDA, MD 20817

Title: S  
Name: SHIRLEY, SMITH R  
Address: 6705 ROCKLEDGE DR. SUITE 900  
City-St-Zip: BETHESDA, MD 20817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JONATHAN WEINBERG

S

04/26/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date