

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90488 019 ***150.00

0950243 AT

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
**5080 SPECTRUM DR.
STE. 400W
ADDISON TX 75001
US**



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
130 Second Ave
Suite, Apt. #, etc.
Attn: Corp Inv Dpt

CHECK HERE IF MAKING CHANGES

City & State
WALTHAM MA

4. FEI Number **62-1266888**
Applied For
 Not Applicable

Zip Country
02451 US

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COX, THOMAS F 720 COOL SPRINGS BLVD STE 300 FRANKLIN TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GEOFFRION, DONA-MARIE 720 COOL SPRINGS BLVD STE 300 FRANKLIN TN 37067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KIRALY, THOMAS 5080 SPECTRUM DR., 400 WEST TOWER ADDISON TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP CHEDEKEL, GARY 130 SECOND AVE WALTHAM MA 02451-1140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, DANIEL J 5080 SPECTRUM DR., 400 WEST TOWER ADDISON TX 75001
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

See attached for further officers/Dor

12. 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 10 or Block 11 if changed, or on an attachment with an address, with an other like empowered.

SIGNATURE: _____ **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **4.25.03 781-290-5350**

CR2E034 (10/02)