

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25779

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

**Current Principal Place of Business:**

6720B ROCKLEDGE DRIVE  
SUITE 800  
BETHESDA, MD 20817

**Current Mailing Address:**

151 FARMINGTON AVENUE  
RW61  
HARTFORD, CT 06156 US

**FEI Number:** 62-1266888

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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

**Officer/Director Detail :**

Title	PRESIDENT	Title	VICE PRESIDENT / SECRETARY
Name	LYNCH, ARTHUR J.	Name	LEE, EDWARD CHUNG-I
Address	6720B ROCKLEDGE DRIVE SUITE 800	Address	6720B ROCKLEDGE DRIVE SUITE 800
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817
Title	VICE PRESIDENT / TREASURER	Title	DIRECTOR
Name	MARONEY, JOHN PATRICK	Name	DOYLE, E. STEVEN
Address	6720B ROCKLEDGE DRIVE SUITE 800	Address	6720B ROCKLEDGE DRIVE SUITE 800
City-State-Zip:	BETHESDA MD 20817	City-State-Zip:	BETHESDA MD 20817
Title	ASSISTANT SECRETARY		
Name	WAHL, GWENDOLYN ANN		
Address	6720B ROCKLEDGE DRIVE SUITE 800		
City-State-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:** EDWARD CHUNG-I LEE

**SECRETARY**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date