

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25779

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

**Current Principal Place of Business:**

9771 CLAIREMONT MESA BLVD.  
STE A  
SAN DIEGO, CA 92124

**Current Mailing Address:**

9771 CLAIREMONT MESA BLVD.  
STE A  
SAN DIEGO, CA 92124 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  
Name            SUN, ALEX  
Address        9771 CLAIREMONT MESA BLVD.  
                  STE A  
City-State-Zip: SAN DIEGO CA 92124

Title            SOLE DIRECTOR  
Name            SUN, ALEX  
Address        9771 CLAIREMONT MESA BLVD.  
                  STE A  
City-State-Zip: SAN DIEGO CA 92124

Title            SECRETARY  
Name            KROON, STEPHANIE  
Address        9771 CLAIREMONT MESA BLVD.  
                  STE A  
City-State-Zip: SAN DIEGO CA 92124

Title            TREASURER  
Name            BROWN, NORMAN  
Address        9771 CLAIREMONT MESA BLVD.  
                  STE A  
City-State-Zip: SAN DIEGO CA 92124

*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: STEPHANIE KROON**

**SECRETARY**

**03/28/2024**

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

\_\_\_\_\_  
Date