

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P25779

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

**FILED**  
**Apr 03, 2013**  
**Secretary of State**  
**CC4814751082**

**Current Principal Place of Business:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817

**Current Mailing Address:**

6705 ROCKLEDGE DRIVE  
SUITE 900  
BETHESDA, MD 20817 US

**FEI Number: 62-1266888**

**Certificate of Status Desired: No**

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

NRAI SERVICES, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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           PRE  
Name           YOUNG, DAVID  
Address       6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           SVP  
Name           KARP, ALLEN  
Address       6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           TRE  
Name           RUHLMANN, JOHN J  
Address       6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           VP  
Name           ARTHUR, LYNCH J  
Address       6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           SEC  
Name           SHIRLEY, SMITH R  
Address       6705 ROCKLEDGE DRIVE, SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           VP  
Name           GELB, ROBERT L  
Address       6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           ASST. SECRETARY  
Name           WEINBERG, JONATHAN  
Address       6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title           ASST. TREASURER  
Name           TUOZZO, MELINDA L  
Address       6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

**Continues on page 2**

*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: SHIRLEY R SMITH**

**SECRETARY**

**04/03/2013**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title CFO  
Name SCULLION, PATRICK  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR  
Name YOUNG, DAVID  
Address 6705 ROCKLEDGE DRIVE  
SUITE 900  
City-State-Zip: BETHESDA MD 20817