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Apr 10 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000048490 (4)

1. Corporation Name  
FOCUS HEALTH SYSTEMS, INC.



Principal Place of Business  
240 S. PLANT AVE.  
STE B-304  
TAMPA FL 33606  
US

Mailing Address  
240 S. PLANT AVE.  
STE B-304  
TAMPA FL 33606-2352  
US

3. Date Incorporated or Qualified  
06/29/1994

3a. Date of Last Report  
04/23/1996

4. FEI Number  
59-3252905

Applied For  
Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent  
CORPORATION INFORMATION SERVICES INC.  
1201 HAYS ST.  
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Martin R. Hohlfeld

82 Street Address (P.O. Box Number is Not Acceptable)  
Focus Health Systems, Inc

83 240 S. Plant Ave, B-304

84 City Tampa FL 85 Zip Code 33606

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Martin R. Hohlfeld* *Martin R. Hohlfeld, Administrator* DATE 4/7/97

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE

NAME CARROLL, MATTHEW J

STREET ADDRESS 632 EAST COLUMBUS DR.

CITY-ST-ZIP TIERRE VERDE FL 33715

TITLE  DELETE

NAME HOHLFELD, MARTIN R

STREET ADDRESS 2262 VILLAGE CT

CITY-ST-ZIP BRANDON FL

TITLE  DELETE

NAME JOHNSON, SUSAN H

STREET ADDRESS 2262 VILLAGE CT

CITY-ST-ZIP BRANDON FL

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE  DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE  Change  Addition

2.2 NAME HOHLFELD, Martin R.

2.3 STREET ADDRESS 407 Columbia Dr.

2.4 CITY-ST-ZIP Tampa, FL 33606-3720

3.1 TITLE  Change  Addition

3.2 NAME

3.3 STREET ADDRESS 33511-7018

3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE  Change  Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Martin R. Hohlfeld* *Martin R. Hohlfeld* DATE 4/7/97 813-251-4485

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)