

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2000 8:00 am
Secretary of State

04-29-2000 90068 001 *****8.75
 04-29-2000 90068 002 ***150.00

DOCUMENT # P94000048490

1. Entity 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-3252905**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HOHLFELD, MARTIN R.
FOCUS HEALTH SYSTEMS, INC
240 S PLANT AVE, B-304
TAMPA FL 33606

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.

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D	CARROLL, MATTHEW J	632 EAST COLUMBUS DR.	TIERRE VERDE FL 33715	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	HOHLFELD, MARTIN R	407 COLUMBIA DR	TAMPA FL	<input type="checkbox"/>	<input type="checkbox"/>
D	JOHNSON, SUSAN H	2262 VILLAGE CT	BRANDON FL	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
D/P	DAVID R. VAUGHAN	210 S. PARSONS AVE, #12	BRANDON, FL 33511	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D/S/T				<input checked="" type="checkbox"/>	<input type="checkbox"/>
D/V				<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Martin R. Hohlfeld / **MARTIN R. HOHLFELD**
 Date: 4/29/00 (813) 251-4485
 Daytime Phone #

CR2E034 (9/99)