

**2001 UNIFORM BUSINESS REPORT (UBR)**

034242

DOCUMENT # **P94000048490**

1. Entity Name  
**FOCUS HEALTH SYSTEMS, INC.**

FILED

01 JAN 16 PM 4:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
240 S. PLANT AVE.  
STE B-304  
TAMPA FL 33608  
US

Mailing Address  
240 S. PLANT AVE.  
STE B-304  
TAMPA FL 33608  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc. **focus**  
**Health Systems Incorporated**  
City & State **4127 West Cypress Street**  
**Tampa, Florida 33607-2336**

Suite, Apt. #, etc. **focus**  
**Health Systems Incorporated**  
City & State **4127 West Cypress Street**  
**Tampa, Florida 33607-2336**

DO NOT WRITE IN THIS SPACE  
01/16/01 90072 043 158.75  
4. FEI Number **59-3252905**

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent  
**HOHLFELD, MARTIN R.**  
**FOCUS HEALTH SYSTEMS, INC**  
**240 S PLANT AVE, B-304**  
**TAMPA FL 33608**

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
**focus**  
**Health Systems Incorporated**  
City **4127 West Cypress Street** **FL** Zip Code  
**Tampa, Florida 33607-2336**

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.

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 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

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ADD</b> <b>David R. VAUGHAN</b> <b>210 S. Parsons Ave</b> <b>Bradson, FL 33511</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/ST</b> <b>33607-3720</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D/VP</b> <b>407 Columbia Dr</b> <b>Tampa, FL 33606-3720</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **M R Hohlfeld** **Martin R. Hohlfeld** 1/5/01 **813-251-4485**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

1/18/01