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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000022802 (8)

1. Corporation Name  
FOCUSED MANAGEMENT, INC.



Principal Place of Business

1235 SAN MARCO BLVD.  
JACKSONVILLE FL 32207

Mailing Address

1235 SAN MARCO BLVD.  
JACKSONVILLE FL 32207

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

03/12/1996

4. FEI Number

59-3373003

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

BOWDEN, FRANK III MD  
1235 SAN MARCO BLVD.  
STE. 404  
JACKSONVILLE FL 32207

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME BOWDEN, FRANK III  
STREET ADDRESS 1235 SAN MARCO BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE DV  
NAME COLUCCELLI, GERALD A MD  
STREET ADDRESS 1235 SAN MARCO BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE D  
NAME LEVENSON, JEFFREY H MD  
STREET ADDRESS 1235 SAN MARCO BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE DS  
NAME SIMMONS, RICHARD L  
STREET ADDRESS 1235 SAN MARCO BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE D  
NAME ADAMS, CHARLES P. JR.  
STREET ADDRESS 1235 SAN MARCO BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

TITLE DT  
NAME NICOLITZ, ERNST MD  
STREET ADDRESS 1235 SAN MARCO BLVD.  
CITY-ST-ZIP JACKSONVILLE FL 32207

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. 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 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

*Frank Bowden*

5/11/98

CP2E034 (10/97)