

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000022802 ✓ 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
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2. Principal Place of Business 21 Suite, Apt. #, etc. 24 City & State 25 Zip 26 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent BOWDEN, FRANK III MD 1235 SAN MARCO BLVD. STE. 404 JACKSONVILLE FL 32207
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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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No		

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 his if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DP ☐ DELETE
NAME	BOWDEN, FRANK III
STREET ADDRESS	1235 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	DV ☐ DELETE
NAME	COLUCCCELLI, GERALD A MD
STREET ADDRESS	1235 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D ☐ DELETE
NAME	LEVENSON, JEFFREY H MD
STREET ADDRESS	1235 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	DS ☐ DELETE
NAME	SIMMONS, RICHARD L
STREET ADDRESS	1235 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	D ☒ DELETE
NAME	ADAMS, CHARLES P. JR.
STREET ADDRESS	1235 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207
TITLE	DT ☒ DELETE
NAME	NICOLITZ, ERNST MD
STREET ADDRESS	1235 SAN MARCO BLVD.
CITY-ST-ZIP	JACKSONVILLE FL 32207

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	000002955240
1.3 STREET ADDRESS	-08/10/99--01017--00
1.4 CITY-ST-ZIP	***400.00 ***400
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
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	T/S Seeman, Naomi
5.3 STREET ADDRESS	1235 San marco Blvd
5.4 CITY-ST-ZIP	Jacksonville FL 32207
6.1 TITLE	☐ Change ☒ Addition
6.2 NAME	Shmunes, Neil md
6.3 STREET ADDRESS	1235 San marco Blvd
6.4 CITY-ST-ZIP	Jacksonville FL 32207

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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date 6/23/99

8/6/99

FILED
99 JUL 30 AM 9:43
CLERK OF STATE
JACKSONVILLE, FLORIDA



7/6/99 90003 042 \$150.00

DO NOT WRITE IN THIS SPACE