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LOBBYING REPORT

Lobbying Disclosure Act of 1995 (Section 5) - All Filers Are Required to Complete This Page

1. Registrant Name Strategic Health Care			
2. Address <input checked="" type="checkbox"/> Check if different than previously reported 1201 Pennsylvania Avenue, NW, 5th Floor			
3. Principal Place of Business (if different from line 2) Washington DC, 20004 City: State/zip (or Country)			
4. Contact Name Paul Lee	Telephone (202) 626-6872	E-mail (optional)	5. Senate ID # 285255-672
7. Client Name <input type="checkbox"/> Self Hospice Care Plus			6. House ID # 36694033

TYPE OF REPORT 8. Year 2005 Midyear (January 1-June 30) OR Year End (July 1-December)

9. Check if this filing amends a previously filed version of this report
 10. Check if this is a Termination Report ⇔ Termination Date _____ 11. No Lobbying

INCOME OR EXPENSES - Complete Either Line 12 OR Line 13	
<p>12. Lobbying Firms</p> <p>INCOME relating to lobbying activities for this reporting period was:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input checked="" type="checkbox"/> ⇔ \$ <u>49,000.00</u> Income (nearest \$20,000)</p> <p>Provide a good faith estimate, rounded to the nearest \$20,000, of all lobbying related income from the client (including all payments to the registrant by any other entity for lobbying activities on behalf of the client).</p>	<p>13. Organizations</p> <p>EXPENSES relating to lobbying activities for this reporting period were:</p> <p>Less than \$10,000 <input type="checkbox"/></p> <p>\$10,000 or more <input type="checkbox"/> ⇔ \$ _____ Expenses (nearest \$20,000)</p> <p>14. REPORTING METHOD. Check box to indicate exp accounting method. See instructions for description of opt</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definition</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(f) Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) Internal Revenue Code</p>

Signature  Date June 27, 2005

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Printed Name and Title

ADDRESS, COUNTY, CITY

LD-2 (REV. 4/03)

PAGE 1 of

Registrant Name Strategic Health Care Client Name Hospice Care Plus

LOBBYING ACTIVITY. Select as many codes as necessary to reflect the general issue areas in which the engaged in lobbying on behalf of the client during the reporting period. Using a separate page for each cod information as requested. Attach additional page(s) as needed.

15. General issue area code BUD (one per page)

16. Specific lobbying issues

Health Care Funding and Appropriations

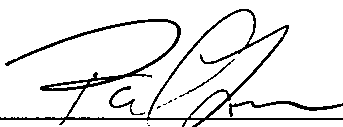
17. House(s) of Congress and Federal agencies contacted Check if None

House and Senate

18. Name of each individual who acted as a lobbyist in this issue area

Name	Covered Official Position (if applicable)
Paul Lee	
Doyce Boesch	
Marian Lowe	
Michael Romansky	
Robert Horne	
David DiStefano	

19. Interest of each foreign entity in the specific issues listed on line 16 above Check if None

Signature  Date 6/27/2005
Printed Name and Title Paul Lee, Senior Partner

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