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Clerk of the House of Representatives Legislative Resource Center B-106 Cannon Building Washington, DC 20515	Secretary of the Senate Office of Public Records 232 Hart Building Washington, DC 20510
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LOBBYING REPORT

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

1. Registrant name	
Organization	Strategic Health Care
2. Address <input type="checkbox"/> Check if different than previously reported	
Address1	1201 Pennsylvania Avenue, NW
City	Washington
State	DC
Zip Code	20004
Country	USA
3. Principal place of business (if different than line 2)	
City	State
City	State/Zip or Country
Zip Code	Country
4a. Contact Name	
Prefix	Full Name
Mr.	Paul Lee
b. Telephone number	
202-626-6872	
c. E-mail	
plee@shcare.net	
5. Senate ID #	
285255-245	
7. Client Name <input type="checkbox"/> Self	
Henry County Memorial Hospital	
6. House ID #	
36694074	

TYPE OF REPORT 8. Year 2006 Midyear (January 1-June 30) OR Year End (July 1-December 31)

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 Activity

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>20,000</u></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"/> ⇨ \$ _____</p> <p>14. REPORTING METHOD. Check box to indicate expense accounting method. See instructions for description of options.</p> <p><input type="checkbox"/> Method A. Reporting amounts using LDA definitions only</p> <p><input type="checkbox"/> Method B. Reporting amounts under section 6033(b)(8) of Internal Revenue Code</p> <p><input type="checkbox"/> Method C. Reporting amounts under section 162(e) of the Internal Revenue Code</p>
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Form Com

Printed Name and Title Paul Lee, Senior Partner

3000012639

Registrant Name Strategic Health Care Client Name Henry County Memorial Hospital

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

15. General issue area code BUD - Budget/Appropriations (one per page)

16. Specific lobbying issues

Add page to continue specific issues description for this issue

Appropriations - Project to add a Clinical Information System to a rural hospital.

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

Add a page to continue adding lobbyists for this

First Name	Name Last Name	Suffix	Covered Official Position (if applicable)
Paul	Lee		
Doyce	Boesch		
Robert	Doyle		
Dianna	Doyle		
Robert	Horne		

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

Add a page for a different

Printed Name and Title Paul Lee, Senior Partner

3000012640



Registrant Name Strategic Health Care

Client Name Henry County Memorial Hospital

Information Update Page - Complete ONLY where registration information has changed.

20. Client new address

Address

City

State

Zip Code

Country

21. Client new principal place of business (if different than line 20)

City

State

Zip Code

Country

22. New general description of client's business or activities

LOBBYIST UPDATE

23. Name of each previously reported individual who is **no longer** expected to act as a lobbyist for the client

First Name

Last Name

Suffix

First Name

Last Name

Suffi

1

3

2

4

ISSUE UPDATE

24. General lobbying issues that **no longer** pertain

Find the code to select below.

AFFILIATED ORGANIZATIONS

25. Add the following affiliated organization(s)

Name	Address	Principal place of Business (city and state or country)
	Address	City
	C/S/Z	State
	Address	Country
	C/S/Z	City
		State

26. Name of each previously reported organization that is **no longer** affiliated with the registrant or client

1

2

3

FOREIGN ENTITIES

27. Add the following foreign entities

Name	Address	Principal place of business (city and state or country)	Amount of contribution for lobbying activities	Owners percent client
	Street Address	City		
	City			
	State/Province	State		
	Country	Country		

28. Name of each previously reported foreign entity that **no longer** owns, **or** controls, **or** is affiliated with the registrant, cli affiliated organization

1

3

5

2

4

6

Add a page for more updt

Printed Name and Title Paul Lee, Senior Partner

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