

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000031478

FILED  
Apr 25, 2008  
Secretary of State

Entity Name: MEDCOM CORRECTIONAL SERVICES, INC.

**Current Principal Place of Business:**

1061 RIVERSIDE AVE STE.200  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

1061 RIVERSIDE AVE STE.200  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 59-2316866      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

STONEBURNER BERRY & SIMMONS PA  
841 PRUDENTIAL DRIVE SUITE 1400  
JACKSONVILLE, FL 32207 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BRACKEN, MICHAEL  
Address: 1061 RIVERSIDE AVE STE. 200  
City-St-Zip: JACKSONVILLE, FL 32204

Title: D ( ) Delete  
Name: SIMPSON, BRYAN JR  
Address: 1061 RIVERSIDE AVE STE.200  
City-St-Zip: JACKSONVILLE, FL 32204

Title: V ( ) Delete  
Name: LONGFIELD-SMITH, JOHN  
Address: 1061 RIVERSIDE AVE STE.200  
City-St-Zip: JACKSONVILLE, FL 32204

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN SIMPSON, JR

D

04/25/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date