I hereby 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 all other like empowered.

SIGNATURE: BRYAN SIMPSON, JR.

Electronic Signature of Signing Officer/Director Detail

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT DOCUMENT# P06000031478

Entity Name: MEDCOM CORRECTIONAL SERVICES, INC.

Current Principal Place of Business:

1061 RIVERSIDE AVE. STE.200 JACKSOVNILLE, FL 32204

Current Mailing Address:

1061 RIVERSIDE AVE. STE 200 JACKSOVNILLE, FL 32204

PD

FEI Number: 59-2316866

Name and Address of Current Registered Agent:

SIDNEY S. SIMMONS, II 1050 RIVERSIDE AVENUE JACKSOVNILLE, FL 32204 US

SIGNATURE:

Title

Name	BRACKEN, MICHAEL	Name	SIMPSON, BRYAN JR
Address	1061 RIVERSIDE AVE STE. 200	Address	1061 RIVERSIDE AVE STE.200
City-State-Zip:	JACKSOVNILLE FL 32204	City-State-Zip:	JACKSOVNILLE FL 32204

Officer/Director Detail :				
Electronic Signature of Registered Agent	Date			
SIGNATURE:				
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.				
JACKSOVNILLE, FL 32204 US				

D

Title

DIRECTOR

03/25/2014 Date

FILED Mar 25, 2014 Secretary of State CC5943037376

Certificate of Status Desired: No