


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 90038 028 \*\*\*\*50.00

<b>DOCUMENT # M03000002834</b> 1. Entity Name <b>CORRECTIONAL MEDICAL MANAGEMENT, LLC</b>					
Principal Place of Business <b>1114 17TH AVENUE SOUTH, SUITE 201 NASHVILLE, TN 37212</b>			Mailing Address <b>1114 17TH AVENUE SOUTH, SUITE 201 NASHVILLE, TN 37212</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04222004    Chg-LLC    CR2E083 (10/03)	
Zip		Country		4. FEI Number <b>20-0044174</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE, FL 32301</b>				Name Street Address (P.O. Box Number is Not Acceptable) City	
				State <b>FL</b> Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LINDLEY, MICHAEL G 3401 WEST END AVENUE, SUITE 400 NASHVILLE, TN 37203</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MARK E. GALUCIA 1114 17th AVE SOUTH, SUITE 201 NASHVILLE, TN 37212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR WEBER, MARTIN 5340 DIVOT CIRCLE FAIR OAKS, CA 95628</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BRUCE A. TEAL 1114 17th AVE SOUTH, SUITE 201 NASHVILLE, TN 37212</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR LEWIS, SAM J A 1114 17TH AVENUE SOUTH, SUITE 205 NASHVILLE, TN 37212</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR TWIFORD, J. RANIER TWO METROPLEX DRIVE, SUITE 111 BIRMINGHAM, AL 35209</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
11. 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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
<b>SIGNATURE:</b> <u>Mark E. Galucia</u> <b>MARK E. GALUCIA</b>			Date <u>4/22/04</u>		Daytime Phone # <u>(615) 320-3920</u>