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FILED
Jul 16, 2002 8:00 am
Secretary of State
06-13-2002 90386 015 ****61.25

NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000001235

1. Entity Name

CORRECTIONAL HEALTH SERVICES ASSOCIATES, I...

DO NOT WRITE IN THIS SPACE

38878

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2. Principal Place of Business	3. Mailing Address
1699 APALACHEE PKWY	1699 APALACHEE PKWY
Suite, Apt. #, etc.: PMB 452	Suite, Apt. #, etc.: PMB 452
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32301 Country:	Zip: 32301 Country:

4. FEI Number: N/A ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: JUDITH A. FAIRWEATHER

Street Address (P.O. Box Number is Not Acceptable): 7040 BUCK LAKE ROAD

City: TALLAHASSEE FL Zip Code: 32317

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.

SIGNATURE _____ 5/31/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	P, T
NAME	JUDITH ANN FAIRWEATHER,
STREET ADDRESS	7040 BUCK LAKE ROAD
CITY-ST-ZIP	TALLAHASSEE, FL 32317
TITLE	VP, S,
NAME	MARGARET E. DAVIS
STREET ADDRESS	5206 TRADEWINDS DRIVE
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	VP
NAME	LINDA G. HUNT
STREET ADDRESS	111 STAR DRIVE
CITY-ST-ZIP	FT. WALTON BEACH, FL 32547
TITLE	
NAME	
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CITY-ST-ZIP	

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CR2E037B (12/01)

12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Judith A. Fairweather 5/31/02 850-878-4996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JUDITH A. FAIRWEATHER