2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2010
Secretary of State

DOCUMENT# N06000005119

Entity Name: CORRECTIONAL HEALTHCARE PROVIDERS OF THE UNITED STATES, INC.

Current Principal Place of Business:

1630 MEADOWOOD STREET
SARASOTA, FL 34231

New Principal Place of Business:

Current Mailing Address:

1630 MEADOWOOD STREET
SARASOTA, FL 34231

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, DAVID L
1630 MEADOWOOD STREET
SARASOTA, FL FL 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

OFFICERS AND DIRECTORS:

Title: D
Name: EPPLE, STEVEN
Address: 3271 E. TOP LANE
City-St-Zip: INVERNESS, FL 34453

Title: D
Name: ROBERTS, PAUL
Address: 8514 AMBER OAK DR
City-St-Zip: ORLANDO, FL 32817

Title: D
Name: THOMAS, DAVID L
Address: 1630 MEADOWOOD STREET
City-St-Zip: SARASOTA, FL 34231

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAVID THOMAS D 02/17/2010

Electronic Signature of Signing Officer or Director — Date