2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: AMERICAN BOARD OF CORRECTIONAL MEDICINE, INC

Current Principal Place of Business:

3200 SO. UNIVERSITY DR
SUITE 1443
FT. LAUDEERDALE, FL 33328

New Principal Place of Business:

Current Mailing Address:

3200 SO. UNIVERSITY DR
SUITE 1443
FT. LAUDEERDALE, FL 33328

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 MD JD
3200 SO. UNIVERSITY DR
SUITE 1443
FT. LAUDRDALE, FL 33328 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: P
Name: DEGAETANO, JOSEPH P DO
Address: 3200 UNIVERSITY DRIVE SUITE 1447
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: VP
Name: SILVAGNI, ANTHONY J DO
Address: 3200 UNIVERSITY DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: D
Name: WALLACE, ELAINE DO
Address: 3200 UNIVERSITY DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: D
Name: RECHTINE, DIANNE MD
Address: 3200 UNIVERSITY DRIVE
City-St-Zip: FT. LAUDERDALE, FL 33328

Title: D
Name: THOMAS, DAVID L MD JD
Address: 3200 UNIVERSITY DRIVE SUITE 1443
City-St-Zip: FT. LAUDERDALE, FL 33328

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 L THOMAS D 02/04/2011
Electronic Signature of Signing Officer or Director — Date