

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 29, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # P00000076669**1. Entity Name  
CORRECTIONAL HEALTHCARE CONSULTANTS, INC.Principal Place of Business  
110 PARKVIEW CT  
PORT ST JOE FL TALLAHASSEE FL  
32456 32303Mailing Address  
2004 ALTON RD  
TALLAHASSEE FL  
32303

2. Principal Place of Business

3. Mailing Address  
110 PARKVIEW CT.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City & State  
PORT ST. JOE FL

4. FEI Number

59-3667225

Applied For

Not Applicable

Zip

Country

Zip

Country

32456

US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HARRIS MICHAEL R  
2004 ALTON RDTALLAHASSEE FL  
32303 US

Name

HARRIS MICHAEL R

Street Address (P.O. Box Number is Not Acceptable)  
110 PARKVIEW CT.City  
PORT ST. JOE FLZip Code  
32456

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 MICHAEL R. HARRIS

04/29/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME HARRIS KAYE B ☐ Delete  
STREET ADDRESS 2004 ALTON RD  
CITY-ST-ZIP TALLAHASSEE FL 32303TITLE PD ☒ Change ☐ Addition  
NAME HARRIS KAYE B  
STREET ADDRESS 110 PARKVIEW CT.  
CITY-ST-ZIP PORT ST. JOE FL 32456TITLE STD ☐ Delete  
NAME HARRIS MICHAEL R  
STREET ADDRESS 2004 ALTON RD  
CITY-ST-ZIP TALLAHASSEE FL 32303TITLE STD ☒ Change ☐ Addition  
NAME HARRIS MICHAEL R  
STREET ADDRESS 110 PARKVIEW CT.  
CITY-ST-ZIP PORT ST. JOE FL 32456TITLE ☐ Delete  
NAME  
STREET ADDRESS  
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael R. Harris

STD

04/29/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)