FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # (3) P21427

1. Corporation Name
CORRECTIONAL MEDICAL SERVICES, INC.

200001482792
-05/10/95--01072--018
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1101 MARKET ST. PHILADELPHIA PA 19101	P.O. BOX 13477 PHILADELPHIA PA 19101

3. Date Incorporated or Qualified: 10/24/88
3a. Date of Last Report: 10/06/1994

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip / 25 Country	29	Zip / 30 Country

4. FEI Number: 43-1281312 ☐ Applied For ☐ Not Applicable

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

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

8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	1.1 TITLE	☐ Change ☐ Addition
NAME	MILES, RICHARD	1.2 NAME	
STREET ADDRESS	1101 MARKET ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19101	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	O'HARA, MICHAEL J.	2.2 NAME	
STREET ADDRESS	1101 MARKET ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19101	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	LACEY, BRUCE	3.2 NAME	
STREET ADDRESS	1101 MARKET ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19101	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	S ☒ Change ☐ Addition
NAME	BODNAR, PRISCILLA	4.2 NAME	SAMETZ, ADRIENNE
STREET ADDRESS	1101 MARKET ST.	4.3 STREET ADDRESS	1101 Market Street
CITY-ST-ZIP	PHILADELPHIA PA 19101	4.4 CITY-ST-ZIP	Philadelphia, PA 19107
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	MAHONEY, MELVIN	5.2 NAME	
STREET ADDRESS	1101 MARKET ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19101	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/28/95 215-238-3162
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Michael J. O'Hara, Vice President
Date Daytime Phone #