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FILED
May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P21427 (0)

1. Corporation Name
CORRECTIONAL MEDICAL SERVICES, INC.



Principal Place of Business Mailing Address
12647 Olive St.
ST. LOUIS, MO 63141

3. Date Incorporated or Qualified 10/24/1988
3a. Date of Last Report 05/01/1995

2. Principal Place of Business 2a. Mailing Address
i Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD MILES, RICHARD <input type="checkbox"/> DELETE
NAME	1101 MARKET STREET PHILADELPHIA PA 19107
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	V O'HARA, MICHAEL J. <input checked="" type="checkbox"/> DELETE
NAME	1101 MARKET STREET PHILADELPHIA PA 19107
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	T LACEY, BRUCE <input checked="" type="checkbox"/> DELETE
NAME	1101 MARKET ST. PHILADELPHIA PA 19101
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	S SAMETZ, ADRIENNE <input type="checkbox"/> DELETE
NAME	1101 MARKET ST. PHILADELPHIA PA 19107
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	D MAHONEY, MELVIN <input type="checkbox"/> DELETE
NAME	1101 MARKET ST. PHILADELPHIA PA 19101
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Richard Miles
1.3 STREET ADDRESS	12647 Olive Blvd.
1.4 CITY-ST-ZIP	St. Louis, MO 63141
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Michael Fleiter
2.3 STREET ADDRESS	12647 Olive Blvd.
2.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
3.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JAMES MOORE
3.3 STREET ADDRESS	12647 OLIVE BLVD.
3.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Adrienne Sametz
4.3 STREET ADDRESS	12647 Olive Blvd.
4.4 CITY-ST-ZIP	St. Louis, MO 63141
5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MAHONEY, MELVIN
5.3 STREET ADDRESS	12647 OLIVE BLVD.
5.4 CITY-ST-ZIP	ST. LOUIS, MO 63141
6.1 TITLE	
6.2 NAME	100002193811
6.3 STREET ADDRESS	-05/28/97--01102--032
6.4 CITY-ST-ZIP	***165.00

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 199.03(3)(k), 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 necessary, or on an attachment with an address.

SIGNATURE: *Michael Fleiter*, TREASURER 4/28/97 800-325-3980

CR2E034 (12/95)