

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90030 011 ***450.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P21427

1. Corporation Name
CORRECTIONAL MEDICAL SERVICES, INC.



Principal Place of Business
**12647 OLIVE ST.
 ST. LOUIS MD 63141**

Mailing Address
**12647 OLIVE ST.
 ST. LOUIS MD 63141**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/24/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 43-1281312	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILES, RICHARD	1.2 NAME	
STREET ADDRESS	12647 OLIVE BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63141	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	EV <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PFEIFER, MICHAEL	2.2 NAME	
STREET ADDRESS	12647 OLIVE BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63141	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	EVD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JAMES	3.2 NAME	
STREET ADDRESS	12647 OLIVE BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63141	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAMETZ, ADRIENNE	4.2 NAME	
STREET ADDRESS	12647 OLIVE BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63141	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAHONEY, MELVIN	5.2 NAME	
STREET ADDRESS	12647 OLIVE STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO 63141	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	VD POWERS, SALLY A
STREET ADDRESS		6.3 STREET ADDRESS	12647 OLIVE STREET
CITY-ST-ZIP		6.4 CITY-ST-ZIP	ST. LOUIS, MD 63141

14. 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 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, with all other like empowered.

SIGNATURE: _____ Date: **4/13/99** (314) 919-8500
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)