

2000 UNIFORM BUSINESS REPORT (UBR)

00551002

DOCUMENT # **P21427**
 1. Entity Name
Correctional Medical Services, Inc.

FILED

00 OCT -6 PH 1:28

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Handwritten initials

Principal Place of Business: 12647 OLIVE ST. ST. LOUIS MO 63141
 Mailing Address: 12647 OLIVE ST. ST. LOUIS MO 63141-6345



REINSTATEMENT 2000

2. Principal Place of Business
 3. Mailing Address

Suite, Apt. #, etc.
 Suite, Apt. #, etc.

City & State
 City & State

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

Zip: Country: Zip: Country:

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

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent
 Name:
 Street Address (P.O. Box Number is Not Acceptable):
 City: **FL** Zip Code:

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: Connie Bryan **CONNIE BRYAN**
Sign with, typed or printed name of registered agent and limit applicability. (NOTE: Registered Agent signature required when reinstating)
 SPECIAL ASSISTANT SECRETARY
 DATE: 10/16/2000

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, 2000 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

TITLE	PD	<input type="checkbox"/> Delete
NAME	MILES, RICHARD H	
STREET ADDRESS	12647 OLIVE ST.	
CITY-STATE-ZIP	ST. LOUIS MO 63141	
TITLE	EVD	<input type="checkbox"/> Delete
NAME	MOORE, JAMES	
STREET ADDRESS	12647 OLIVE BLVD	
CITY-STATE-ZIP	ST LOUIS MO	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	GAMETZ, ADRIENNE	
STREET ADDRESS	12647 OLIVE ST.	
CITY-STATE-ZIP	ST. LOUIS MO	
TITLE	Y	<input type="checkbox"/> Delete
NAME	MAHONEY, MELVIN	
STREET ADDRESS	12647 OLIVE ST	
CITY-STATE-ZIP	ST LOUIS MO	
TITLE	V	<input type="checkbox"/> Delete
NAME	VIVIRITO, CATHY	
STREET ADDRESS	12647 OLIVE BLVD	
CITY-STATE-ZIP	ST LOUIS MO	
TITLE	VD	<input type="checkbox"/> Delete
NAME	POWERS, SALLY A	
STREET ADDRESS	12647 OLIVE ST.	
CITY-STATE-ZIP	ST. LOUIS MO 63141	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003457534--6	
STREET ADDRESS	-11/08/00--01065--026	
CITY-STATE-ZIP	***550.00 ***550.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	400003457534--6	
STREET ADDRESS	-11/08/00--01065--027	
CITY-STATE-ZIP	***208.75 ***208.75	
TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ruth E. Kim	
STREET ADDRESS	12647 Olive Street	
CITY-STATE-ZIP	St. Louis, MO 63141	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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: Melvin M. Mahoney Melvin M. Mahoney 10/04/00 314-919-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CREATED BY JORDA