


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # P21427
 1. Entity Name
CORRECTIONAL MEDICAL SERVICES, INC.



Principal Place of Business 12647 OLIVE ST. SAINT LOUIS, MO 63141 US	Mailing Address 12647 OLIVE ST. SAINT LOUIS, MO 63141 US
--	--

DO NOT WRITE IN THIS SPACE



04212005 No Chg-P CR2E034 (10/03)

4. FEI Number 43-1281312	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
 NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILES, RICHARD H 12647 OLIVE BLVD. SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KIM, RUTH E 12647 OLIVE BLVD SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MAHONEY, MELVIN M 12647 OLIVE BLVD. SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARTER, RICHARD H 12647 OLIVE STREET SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD POWERS, SALLY A 12647 OLIVE STREET SAINT LOUIS, MO 63141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000360298
 05/05/05-80029-001 150.00

DO NOT WRITE IN THIS SPACE

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Mark L. Lee **4/22/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #