


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2006 08:00 AM
Secretary of State

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



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

DO NOT WRITE IN THIS SPACE



04202006 No Chg-P CRZE034 (11/05)

4. FEI Number Applied For
43-1281312 Not Applicable

5. Certificate of Status Desired **\$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**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	

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05/18/06-80044-010 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Richard H. Carter* Date: 4/24/06 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR