

**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

**12647 OLIVE ST.
SAINT LOUIS, MO 63141 US**

Mailing Address

**12647 OLIVE ST.
SAINT LOUIS, MO 63141 US**



04202006 No Chg-P CRZE034 (11/05)

4. FEI Number

43-1281312

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 PD
NAME MILES, RICHARD H
STREET ADDRESS 12647 OLIVE BLVD.
CITY-ST-ZIP SAINT LOUIS, MO 63141

TITLE S
NAME KIM, RUTH E
STREET ADDRESS 12647 OLIVE BLVD
CITY-ST-ZIP SAINT LOUIS, MO 63141

TITLE T
NAME MAHONEY, MELVIN M
STREET ADDRESS 12647 OLIVE BLVD.
CITY-ST-ZIP SAINT LOUIS, MO 63141

TITLE V
NAME CARTER, RICHARD H
STREET ADDRESS 12647 OLIVE STREET
CITY-ST-ZIP SAINT LOUIS, MO 63141

TITLE VD
NAME POWERS, SALLY A
STREET ADDRESS 12647 OLIVE STREET
CITY-ST-ZIP SAINT LOUIS, MO 63141

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000555717
05/16/06-80044-010 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/06

Date

Daytime Phone #