Division of Corporations Florida Department of State **Division** of Corporations Public Access System **Electronic Filing Cover Sheet** Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document. (((H08000059283 3))) H080000592833ABC2 Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet. To: Division of Corporations Fax Number : (850)617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)222-1092 Fax Number ; (850)878-5926 AH 8 RECEIVED **REGISTERED AGENT CHANGE** 2008 MAR -6 CORRECTIONAL MEDICAL SERVICES, INC. Certificate of Status 0 0 Certified Copy **04** Page Count Estimated Charge \$35.00

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of <u>MSSOUP</u>.

1. The name of the corporation: CORRECTIONAL MEDICAL SERVICES, INC.

2. The principal office address: 12647 OLIVE ST. SAINT LOUIS MO 63141 US

3. The mailing address (if different):

- 1

4. Date of incorporation/qualification: 10/24/1988 _____ Document number: P21427

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State:

NRAI SERVICES, INC.

2731 EXECUTIVE PARK DRIVE SUITE 4

WESTON FL 33331 US

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System		HAR -
c/o C T Corporation System, 1200 South Pine Island Road		မှ
(P.O. Box NOT socceptable)		
Plantation, Florida 33324	22	်တွ

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Attorney-in-Fact Sarah Pierson

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed mereby to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

C T Corporation System By: ഹ് LY GARDNER, ASST VP JESSICA

If signing on behalf of an entity:

CT. CORPOR ATION SYSTEM

(Typed or Printed Name)

* * * FILING FEE: \$35.00 * * *

Make checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

CR2E045 (8/05)

POWER OF ATTORNEY

NOTICE IS HEREBY GIVEN THAT the Companies listed in Exhibit A attached hereto ("Companies") do hereby appoint Ryan D. Redman and Sarah Pierson, employees of CT Corporation System and acting solely in the capacity as employees of CT Corporation System, as attorneys-in-fact for the Companies to act for the Companies and in the Companies' name for the limited purposes authorized herein.

The Companies, having taken all necessary steps to authorize the changes, hereby grants its attorney-in-fact the power to execute the documents necessary to file Change of Registered Agent or documents of similar import, in any state, county, circuit court or local jurisdiction.

This Power of Attorney expires on April 15, 2008.

IN WITNESS WHEREOF the undersigned has executed this Power of Attorney on this 1373 day of February, 2008.

Todd Aschbacher, Officer

State of Missouri) County of St. Louis)

On the 12^{4} day of February, 2008, before me, the undersigned, a Notary Public in and for said State, personally appeared Todd Aschbacher, personally known to me (or proved to me on the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and acknowledged to me; he executed the same in his authorized capacity as an Officer of said Companies, and that by his signature on the instrument, the entity upon behalf of which the person acted, executed this instrument.

Witness my hand and official seal.

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MARY M. MAWHIMMEY My Commission Expires March 1, 2011 St. Loris County Commission #07(51)258

EXHIBIT A

1. Valitás Bahama's Investment Company, Inc. (A Bahamas Company)

2. Valitás Equity, LLC

3. Valitas Parent, Inc.

4. Valitas Health Services, Inc.

5. SPD Healthcare Contracting, Inc.

6. Correctional Medical Services, Inc.

7. Correctional Medical Services of Delaware, Inc.

8. Correctional Medical Services of Illinois, Inc.

9. PharmaCorr, LLC

10. Valitás Behavioral Services of Delaware, Inc.

11. Valitàs Behavioral Services, Inc.

12. Genesis Behavioral Services, Inc.

13. Medical Claims Management Group, Inc.

14. SPD Specialty Services, Inc.

15. SPD Healthcare Administrative Services of Delaware, Inc.