2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# P21427

Entity Name: CORRECTIONAL MEDICAL SERVICES, INC.

Current Principal Place of Business:

12647 OLIVE ST.
SAINT LOUIS, MO 63141 US

New Principal Place of Business:

Current Mailing Address:

12647 OLIVE ST.
SAINT LOUIS, MO 63141 US

New Mailing Address:

FEI Number: 43-1281312 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MILES, RICHARD H
Address: 12647 OLIVE BLVD.
City-St-Zip: SAINT LOUIS, MO 63141

Title: S ( ) Delete
Name: ASCHBACHER, TODD
Address: 12647 OLIVE BLVD
City-St-Zip: SAINT LOUIS, MO 63141

Title: T ( ) Delete
Name: MAHONEY, MELVIN M
Address: 12647 OLIVE BLVD.
City-St-Zip: SAINT LOUIS, MO 63141

Title: V ( ) Delete
Name: BYBEE, VICKIE
Address: 12647 OLIVE STREET
City-St-Zip: SAINT LOUIS, MO 63141

Title: VD ( ) Delete
Name: POWERS, SALLY A
Address: 12647 OLIVE STREET
City-St-Zip: SAINT LOUIS, MO 63141

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELVIN M MAHONEY T 05/01/2008

Electronic Signature of Signing Officer or Director Date