

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21427

FILED  
Apr 28, 2009  
Secretary of State

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

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

04/28/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date