

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P21427

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** CORRECTIONAL MEDICAL SERVICES, INC.

**Current Principal Place of Business:**

12647 OLIVE BLVD  
SAINT LOUIS, MO 63141 US

**New Principal Place of Business:**

**Current Mailing Address:**

12647 OLIVE BLVD  
SAINT LOUIS, MO 63141 US

**New Mailing Address:**

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

**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

**OFFICERS AND DIRECTORS:**

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

Title: P  
Name: CAMPBELL, STUART K  
Address: 12647 OLIVE BLVD  
City-St-Zip: SAINT LOUIS, MO 63141

Title: T  
Name: SPARLIN, TODD G  
Address: 12647 OLIVE BLVD.  
City-St-Zip: SAINT LOUIS, MO 63141

Title: S  
Name: TAYLOR, ALLISON E  
Address: 12647 OLIVE BLVD.  
City-St-Zip: SAINT LOUIS, MO 63141

Title: V  
Name: POWERS, SALLY A  
Address: 12647 OLIVE BLVD  
City-St-Zip: SAINT LOUIS, MO 63141

I hereby 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 all other like empowered.

SIGNATURE: TODD G. SPARLIN

T

04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date