

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 30, 2003 8:00 am
Secretary of State

06-30-2003 90064 004 ***150.00

DOCUMENT # P21427

1. Entity Name

Correctional Medical Services, Inc.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

12647 Olive St.

Suite, Apt. #, etc.

3. Mailing Address

12647 Olive St.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

St. Louis MO

City & State

St. Louis MO

4. FEI Number

43-1281312

Applied For

Not Applicable

Zip

MO 63141

Country

USA

Zip

63141

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name CT Corporation System

Street Address (P.O. Box Number is Not Acceptable)

1200 S. Pine Island Rd.
Plantation FL 33324

**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

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME Richard H. Miles
STREET ADDRESS 12647 Olive St.
CITY-ST-ZIP St. Louis, MO 63141

TITLE EVD
NAME James W. Moore
STREET ADDRESS 12647 Olive St.
CITY-ST-ZIP St. Louis, MO 63141

TITLE S
NAME Ruth E. Kim
STREET ADDRESS 12647 Olive St.
CITY-ST-ZIP St. Louis, MO 63141

TITLE T
NAME Melvin M. Mahoney
STREET ADDRESS 12647 Olive St.
CITY-ST-ZIP St. Louis, MO 63141

TITLE Y
NAME Richard H. Carter
STREET ADDRESS 12647 Olive St.
CITY-ST-ZIP St. Louis, MO 63141

TITLE VD
NAME Sally A. Fowers
STREET ADDRESS 12647 Olive St.
CITY-ST-ZIP St. Louis, MO 63141

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/25/03

Date

Daytime Phone #

CR2E034B (12/02)