FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P32361 (8)

1. Corporation Name

CORRECTIONAL HEALTHCARE SOLUTIONS, INC.

Principal Place of Business: 200 HIGHPOINT DR, STE 215 CHALFONT, PA 18914

Mailing Address: SAME

3. Date Incorporated or Qualified: 06/29/90

3a. Date of Last Report: 7/5/95

Applied For / Not Applicable

4. FEI Number: 23-2611351

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21
Suite, Apt #, etc
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt #, etc
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**

LARRY D. SIMPSON
1102 NORTH GADSEN ST.
TALLAHASSEE FL 32303

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT / DIRECTOR	☐ DELETE
NAME	LAURA L. GAINES	
STREET ADDRESS	200 HIGHPOINT DRIVE, STE 215	
CITY-ST-ZIP	CHALFONT PA 18914	
TITLE	SECRETARY / TREASURER	☐ DELETE
NAME	WALTER T. LOMAX	
STREET ADDRESS	200 HIGHPOINT DRIVE, STE 215	
CITY-ST-ZIP	CHALFONT, PA 18914	
TITLE	CHAIRMAN	☐ DELETE
NAME	WALTER P. LOMAX, JR., M.D	
STREET ADDRESS	200 HIGHPOINT DRIVE, STE. 215	
CITY-ST-ZIP	CHALFONT, PA 18914	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	200001808712	
1.4 CITY-ST-ZIP	-05/06/96--01027--032 ***200.00	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	PM 5-1-96	
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

The information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.

14. I do hereby certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: x Walter T. L[signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/15/96 Daytime Phone #: (215) 822-1550

CR2E034 (12/95)