

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P32361 (8)
1. Corporation Name
CORRECTIONAL HEALTHCARE SOLUTIONS, INC.

Principal Place of Business 200 HIGHPOINT DR. SUITE 215 CHALFONT PA 18914	Mailing Address 200 HIGHPOINT DR. SUITE 215 CHALFONT PA 18914
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent
BLANTON, EDWIN F
825 THOMASVILLE ROAD
TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/02/1991	3a. Date of Last Report 7/21/97
4. FEI Number 23-2611351	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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 NAME STREET ADDRESS CITY-ST-ZIP	PD GAINES, LAURA L 200 HIGHPOINT DRIVE STE 215 CHALFONT PA 18914	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STC LOMAX, WALTER T 200 HIGHPOINT DR. STE 215 NEW HOPE PA 18938	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	C Walter P. Lomax, Jr. MD 200 Highpoint Drive, Suite 215 Chalfont, PA 18914	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	STD Lomax, Walter T 200 Highpoint Drive, Suite 215 Chalfont, PA 18914	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	400002713404--4 -12/15/98--01085--012 ****558 75 ****558 75	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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: Laura L Gaines 12/7/98 (215)822-1550
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

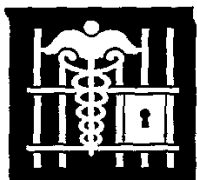
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98 DEC -8 AM 9:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E034 (4/97)



CORRECTIONAL

HEALTHCARE

SOLUTIONS, INC.

December 7, 1998

VIA FEDERAL EXPRESS

Florida Department of State
Division of Corporations
Annual Report Section
Post Office Box 1500
Tallahassee, FL 32302-1500

Re: Correctional Healthcare Solutions, Inc.
1998 Profit Corporation Annual Report

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Dear Sir/Madam:

Our Certificate of Authority to do business in the State of Florida was revoked because we did not receive our 1998 Reinstatement Application. I spoke to a representative of your office and was informed that we could photocopy an old form to be filed as long as the signature was not a photocopy. It is my understanding that CHS' re-certification will be effective upon receipt of the enclosed application.

Enclosed please find the following information to file the 1998 Profit Corporation Annual Report with the Florida Department of State for the above-referenced foreign corporation:

1. An original and a copy of the executed 1998 Profit Corporation Annual Report; and
2. A check in the amount of \$558.75 (\$550.00 - the filing fee and \$8.75 - certificate of status).

Upon receipt of this information, kindly file the original annual report, then return the time-stamped copy of same with a Certificate of Status to the undersigned in the enclosed self-addressed stamped envelope. Alternatively, should you have any questions or need additional information, feel free to contact me at 215/882-1550. Thank you for your cooperation and assistance in this regard.

Very truly yours,

Rosemarie DeBernardis

Rosemarie DeBernardis
Administrative Assistant

HIGHPOINT
BUSINESS CAMPUS
200 Highpoint Drive
Chalfont, PA 18914

215.822.1050
800.487.8995 Toll Free
800.398.2237 Fax
www.chsolutions.com

Enclosures