CONFERENCE ATTENDANCE RECORD

MARS DEMO

No.: B3Z07020 Title: Comprehensive Health Care Services

Place: Dept of Corrections, Training Academy, Rm 3A Date: 09/06/06 Time: Following MARS Demo

Buyer: Julie Kleffner Phone: (573) 751-7656 Fax: (573) 526-9817

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone #, Fax #, e-mail address (if appropriate), M/WBE Status
1. A. E. DANIEL, M.D 2. 3.	Co. Name: DANIEL CORRECTIONAL PSYCHIATRIC SERVICES Address: 33 E. BROADWAY, SUITE 115, COLUMBIA MO 65203 Phone # 573 443 6930 / Fax #: 573 875 4072 e-mail address: gedaniel@aol.com MBE ✓ WBE ___ N/A ___
1. Sherl Taylor 2. 3.	Co. Name: Taylor Consulting, LLC Address: 3542 Gettysburg Place Phone # 573-353-2142 / Fax #: e-mail address: tsida@earthlink.net MBE ✓ WBE ✓ N/A ___
1. Gale Bailey 2. Cathy Rearden 3. Mariann Atwell	Co. Name: Department of Corrections Address: Phone # / Fax #: e-mail address: MBE ___ WBE ___ N/A ___
1. Cassandra Newkirk 2. 3.	Co. Name: GEO Care, Inc. Address: 621 NW 53rd St., Ste 700, Boca Raton FL 33487 Phone # 561-999-7554 / Fax #: 561-443-1825 e-mail address: cnewkirk@geocareinc.com MBE ___ WBE ___ N/A ✓
1. Charlotte L. Ellerby 2. Norman Crawford 3. Jon Walker (4) Jesse Hubling	Co. Name: Prison Health Services Address: 105 West Park Dr. Suite #200 Phone # 615-376-1300 / Fax #: e-mail address: MBE ___ WBE ___ N/A ___
1. FRANK FLETCHER 2. PAM MAYS 3.	Co. Name: CORRECTIONAL MEDICAL SERVICES Address: 12647 OLIVE ST. LOUIS 63141 Phone # 314-919-9108 / Fax #: 314-919-8908 e-mail address: FFLETCHER@CMSSTL.COM MBE ___ WBE ___ N/A ___

CONFERENCE ATTENDANCE RECORD

- - -Continuation Page- - -

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone #, Fax #, e-mail address (if appropriate), M/WBE Status
1. MARK LEE 2. LINDA CORBIN 3. MICHAEL JOHNSON	Co. Name: FIRST MEDICAL MANAGEMENT Address: 500 N. MARKETPLACE DR. Phone # 801-693-2600 / Fax #: 801 693 2900 e-mail address: MLEE@MTCTRAINS.COM MBE ____ WBE ____ N/A ✓
1. Janice Gentile 2. 3.	Co. Name: Cura Advantage Address: 381 Verbena L.O. MO 65049 Phone # 573 230 6946 / Fax #: e-mail address: gentile001@aol.com MBE ____ WBE ____ N/A ✓
1. Steve Wheeler Robert May 2. Jane Haddad 3. Mike Brewer	Co. Name: MHM Services, Inc. Address: 1593 Spring Hill Rd #610 Vienna VA 22182 Phone # (703) 749 4600 / Fax #: (703) 749-4604 e-mail address: mbrewer@mhm-services.com MBE ____ WBE ____ N/A ✓
1. DARIUS HOLMES 2. NICK LITTLE WENDY PIEKISCH 3. MARTHA INGRAHAM CARLOS CORREA	Co. Name: WEXFORD HEALTH SOURCES, INC Address: 381 MANSFIELD AVE Phone # 412 937 8590 / Fax #: 412-937-8599 e-mail address: sales@wexfordhealth.com MBE ____ WBE ____ N/A ____
1. Shelvy Reg/AR 2. 3.	Co. Name: Midwest Psych Ctr Address: 3676 Washington Blvd Phone # 317-923-3930 / Fax #: 317-923-2441 e-mail address: ORPHAN42@SBCGLOBAL.NET MBE X WBE ____ N/A ____
1. Jeff Kesler 2. GARY J. McWILLIAMS VP Sales/Mkt. 3. CMS.	Co. Name: CMS Address: 12647 Olive Blvd St. Louis, MO 63141 Phone # 314 919 9169 / Fax #: 314 919 8827 e-mail address: JKesler@cmsstl.com MBE ____ WBE ____ N/A ____
1. Bill Steiger - CMS 2. Ralf Salke CMS 3. Tara Taylor - CMS	Co. Name: CMS INC Address: 12647 Olive Blvd. St L. Mo 63141 Phone # 314-919-9103 / Fax #: (314) 919-8908 e-mail address: gmcwilliams@cmsstl.com MBE ____ WBE ____ N/A ____

CONFERENCE ATTENDANCE RECORD

- - -Continuation Page- - -

List/Print Names of Each Attendee for each Organization	Organization Name, Address, Phone #, Fax #, e-mail address (if appropriate), M/WBE Status
1. TRICIA SCHLECHTE	Co. Name: DEPT HEALTH - SENIOR SERVICES
	Address: 912 WILDWOOD JC MO 65102-0570
2.	Phone # 573 751-0950 / Fax #:
	e-mail address: tricia.schlechte@dhss.mo.gov
3.	MBE _____ WBE _____ N/A X
1. Judy Hudson	Co. Name: Dept of Corrections
	Address:
2. Steve Long (by Julie Klebber)	Phone # / Fax #:
	e-mail address:
3.	MBE _____ WBE _____ N/A _____
1. Julie Klebber	Co. Name: DA DPMM
	Address:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE _____ WBE _____ N/A _____
1.	Co. Name:
	Address:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE _____ WBE _____ N/A _____
1.	Co. Name:
	Address:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE _____ WBE _____ N/A _____
1.	Co. Name:
	Address:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE _____ WBE _____ N/A _____
1.	Co. Name:
	Address:
2.	Phone # / Fax #:
	e-mail address:
3.	MBE _____ WBE _____ N/A _____

TOUR OF FACILITY
ATTENDANCE RECORD

SUBJECT: RFP B3Z07020 Comprehensive Health Care Services

PLACE: Algoa Correctional Center &
8501 No More Victims Road
Jefferson City Missouri
A.C. Correctional Ctr
8200 No More Victims Rd.

DATE/TIME: September 6, 2006, 8:00 a.m.

NAME	COMPANY/ORGANIZATION
JON WALKER	PHS
Norm Crawford	PHS
JESSE HUBLING	PHS
Mike Brewer	MHM
Robt. MAY	MHM
Jane Haddad	MHM
Cassandra Newkirk	GEO Care
Linda CORBIN	FMM
Mike Johnson	FMM
MARK LEE	FMM
Shelvy Keglar	Midwest Psych
FRANK FLETCHER	CMS
A.E. DANIEL MD	DCPS
Ralf Salke	CMS
Dave Stephens	CMS
Darlie Holmes	Wexford
Martha Ingram	Wexford
Wendelyn R Pekich	Wexford
Janice Antile	DCPS / Care Advantage
Sherl Taylor	Taylor Consulting