

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001778

FILED
May 01, 2007
Secretary of State

Entity Name: COMPREHENSIVE HEALTH SERVICES, INC.

Current Principal Place of Business:

8229 BOONE BLVD.
SUITE 700
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

8229 BOONE BLVD.
SUITE 700
VIENNA, VA 22182

New Mailing Address:

FEI Number: 52-1044628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: HALL, MORRILL M JR
Address: 316 CHESAPEAKE DR.
City-St-Zip: GREAT FALLS, VA 22101

Title: V () Delete
Name: MITCHELL, JAMES
Address: 168 RALSTON AVE.
City-St-Zip: SOUTH ORANGE, NJ 07079

Title: SD () Delete
Name: HALL, JUDY C
Address: 316 CHESAPEAKE DR.
City-St-Zip: GREAT FALLS, VA 22101

Title: D () Delete
Name: COOPER, NED
Address: 560 PARK NORTH COURT
City-St-Zip: WINTER PARK, FL 32789

Title: D () Delete
Name: MONCRIEF, JAMES B JR
Address: 700 OGLETHORPE AVE.
City-St-Zip: ATHENS, GA 30606

Title: AS () Delete
Name: HALL, TODD
Address: 11710 INDIAN RIDGE ROAD
City-St-Zip: RESTON, VA 20191

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: NED COOPER

CFO

05/01/2007

Electronic Signature of Signing Officer or Director

Date