F12000052306

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000303452 3)))

H12000303452 3ABCU

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)617-6381

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)222-1092
Fax Number : (850)878-5368

12 DEC 28 PM 2:23

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
COMPREHENSIVE HEALTH HOLDINGS, INC.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	$70.00

FILED
12 DEC 28 AM 10:51

Electronic Filing Menu Corporate Filing Menu Help

12/31/12

https://efile.sunbiz.org/scripts/efilcovr.exe 12/28/2012

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Comprehensive Health Holdings, Inc.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Jack R Gray
Name of Person

Comprehensive Health Services, Inc.
Firm/Company

10701 Parkridge Boulevard, Suite 200
Address

Reston, Virginia 20191
City/State and Zip code

jgray@chsmedical.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ned Cooper at (321) 783-2720
Name of Person — Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
12 DEC 28 AM 10:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☐ $70.00 Filing Fee ☒ $78.75 Filing Fee & Certificate of Status ☐ $78.75 Filing Fee & Certified Copy ☐ $87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Comprehensive Health Holdings, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware
(State or country under the law of which it is incorporated)

3. 45-3633110
(FEI number, if applicable)

4. 07/28/2011
(Date of incorporation)

5. Perpetual
(Duration: Year corp. will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 8810 Astronaut Blvd. Cape Canaveral, Florida 32920
(Principal office address)

8810 Astronaut Blvd. Cape Canaveral, Florida 32920
(Current mailing address)

8. Administration of subsidiary companies
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

12 DEC 28 AM 10:51

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation (City), Florida 33324 (Zip code)

10. Registered agent's acceptance:
Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

C T Corporation System

By: Connie Bryan (Registered agent's signature) Connie Bryan Assistant Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

12 DEC 28 AM 10: 51

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Morrill M Hall, Jr. and Judy Hall (Director)

Address: 8810 Astronaut Blvd. Cape Canaveral, FL 32920

~~Vice Chairman~~: Director - James Moncrief

Address: 700 Oglethorpe Ave., 2A

Athens, GA 30606

Director: Ned Cooper, Gary Palmer

Address: 8810 Astronaut Blvd. Cape Canaveral, FL 32920

Director: Todd Hall & Stu Clark

Address: 10701 parkridge Blvd. Suite 200

Reston, VA 20191

B. OFFICERS

President: Morrill M Hall, Jr. (CEO)

Address: 8810 Astronaut Blvd.

Cape Canaveral, FL 32920

Vice President: Stu Clark, Ned Cooper, Todd Hall (Assistant Secretary), Gary Palmer

Address: 10701 Parkridge Blvd. Suite 200 Reston, VA 20191 and

8810 Astronaut Blvd. Cape Canaveral, FL 32920

Secretary: Judy Hall

Address: 8810 Astronaut Blvd. Cape Canaveral, FL 32920

Treasurer: Jack Gray

Address: 10701 Parkridge Blvd. Suite 200 Reston, VA 20191

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Jack R. Gray
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. Jack R Gray - Treasurer

(Typed or printed name and capacity of person signing application)

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "COMPREHENSIVE HEALTH HOLDINGS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-SEVENTH DAY OF DECEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

FILED
12 DEC 28 AM 10:51
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Jeffrey W. Bullock, Secretary of State

5017103 8300

121396921

You may verify this certificate online at corp.delaware.gov/authver.shtml

AUTHENTICATION: 0102137

DATE: 12-27-12