



F02000003/97

ACCOUNT NO. : 072100000032

REFERENCE : 614757 5051662

AUTHORIZATION :

COST LIMIT : \$ 70.00

Patricia Pizub

FILED
02 JUN 24 PM 1:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : June 7, 2002

ORDER TIME : 4:58 PM

ORDER NO. : 614757-035

CUSTOMER NO: 5051662

CUSTOMER: Ms. Julie Turek
Crassociates, Inc.
8580 Cinderbed Road
Suite 2400
Newington, VA 22122

RECEIVED
02 JUN 24 AM 8:44
DEPARTMENT OF STATE
DIVISION OF INTELLIGENCE
TALLAHASSEE, FLORIDA

FOREIGN FILINGS

NAME: CRA HEALTH SERVICES, INC.

AL1

XXXX QUALIFICATION (TYPE: CO)

200005917172--6

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Angie Glisar -- EXT# 1124

EXAMINER: _____

**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. CRA HEALTH SERVICES, INC.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. Delaware

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

3. 541926806

(FEI number, if applicable)

4. January 27, 1999

(Date of incorporation)

5. Perpetual

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

6. Upon Qualification

(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)

Suite 2400, 8580 CINDERBED ROAD

7. NEWINGTON, VA 22122 8580

(Principal office address)

(Current mailing address)

TO PROVIDE HEALTH CARE STAFFING SERVICES. To engage in any act or activity for which corporations may be organized.

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

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

, Florida 32301

(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.

Corporation Service Company

By: Laura E. Ortiz

(Registered agent's signature)

Assistant Vice President

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.

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

A. DIRECTORS

Chairman: See attached officers/directors rider

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: See attached officers/directors rider

Address: _____

Vice President: _____

Address: _____

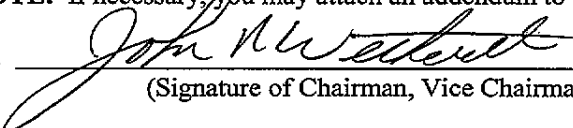
Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. JOHN R. WETHERELL, Assistant Secretary
(Typed or printed name and capacity of person signing application)

OFFICERS/DIRECTORS RIDER

FL-Application by Foreign Corporation for Authorization

CRA HEALTH SERVICES, INC.

List of Officers

Name: CHARLES H. ROBBINS **Title:** CEO/PRES/SEC
Bus. Addr.: 8580 CINDERBED ROAD, #2400, NEWINGTON, VA 22122-8580

Name: JOHN R. WETHERELL **Title:** CFO/ASST SEC
Bus. Addr.: 8580 CINDERBED ROAD, #2400, NEWINGTON, VA 22122-8580

List of Directors

Name: CHARLES H. ROBBINS **Term:**
Bus. Addr.: 8580 CINDERBED ROAD, #2400, NEWINGTON, VA 22122-8580

Name: CHARLES B. ROBBINS **Term:**
Bus. Addr.: 8580 CINDERBED ROAD, #2400, NEWINGTON, VA 22122-8580

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TALLAHASSEE, FLORIDA

Delaware

PAGE 1

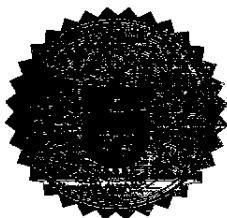
The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CRA HEALTH SERVICES, 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 TWENTIETH DAY OF JUNE A.D. 2002.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CRA HEALTH SERVICES, INC." WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JANUARY, A.D. 1999.

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.



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020398578

Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 1842694

DATE: 06-20-02

FILED

JUN 24 PM 1:51
DELAWARE
STATE SECRETARY OF STATE