


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

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| DOCUMENT # F02000003197 | |  |
| 1. Entity Name CRA HEALTH SERVICES, INC. | | |
| Principal Place of Business 8580 CINDERBED ROAD SUITE 2400 NEWINGTON, VA 22122-8580 | Mailing Address 8580 CINDERBED ROAD SUITE 2400 NEWINGTON, VA 22122-8580 | |
| DO NOT WRITE IN THIS SPACE | | |
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 | | DO NOT WRITE IN THIS SPACE |
| 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 10. OFFICERS AND DIRECTORS | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | PSCE ROBBINS, CHARLES H 8580 CINDERBED ROAD NEWINGTON, VA 221228580 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | DCFS ROBBINS, CHARLES B 8580 CINDERBED ROAD NEWINGTON, VA 221228580 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | CFO WETHERELL, JOHN R 8580 CINDERBED RD #2400 NEWINGTON, VA 22122 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | COO STARR, MICHAEL D 8580 CINDERBED RD #2400 NEWINGTON, VA 22122 | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | | |
| 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with an address, with all other like empowered. | | |
| SIGNATURE: <u>John R. Wetherell</u> John R. Wetherell, CFO 4/29/05 703.550.8145 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | |



04262005 No Chg-P CR2E034 (10/03)

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| 4. FEI Number 54-1926806 | Applied For <input type="checkbox"/> Not Applicable |
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5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

U000000356759
05/04/05-80046-022 150.00

**DO NOT WRITE
IN THIS SPACE**