


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 08:00 A**  
**Secretary of State**

<b>DOCUMENT # F02000003197</b>	
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
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03182008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 54-1926806	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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**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	

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04/08/08-80096-006 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/08 703-508145  
Date Daytime Phone #