

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000003197

FILED
Apr 28, 2009
Secretary of State

Entity Name: CRA HEALTH SERVICES, INC.

Current Principal Place of Business:

8580 CINDERBED ROAD
SUITE 2400
NEWINGTON, VA 221228580

Current Mailing Address:

8580 CINDERBED ROAD
SUITE 2400
NEWINGTON, VA 221228580

New Principal Place of Business:

8580 CINDERBED ROAD
SUITE 2400
NEWINGTON, VA 22122

New Mailing Address:

8580 CINDERBED ROAD
SUITE 2400
NEWINGTON, VA 22122

FEI Number: 54-1926806

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSCE () Delete
Name: ROBBINS, CHARLES H
Address: 8580 CINDERBED ROAD
City-St-Zip: NEWINGTON, VA 221228580

Title: DCFS () Delete
Name: ROBBINS, CHARLES B
Address: 8580 CINDERBED ROAD
City-St-Zip: NEWINGTON, VA 221228580

Title: CFO () Delete
Name: WETHERELL, JOHN R
Address: 8580 CINDERBED RD #2400
City-St-Zip: NEWINGTON, VA 22122

Title: COO () Delete
Name: STARR, MICHAEL D
Address: 8580 CINDERBED RD #2400
City-St-Zip: NEWINGTON, VA 22122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSCE (X) Change () Addition
Name: ROBBINS, CHARLES H
Address: 8580 CINDERBED ROAD, SUITE 2400
City-St-Zip: NEWINGTON, VA 22122

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

Title: CFO (X) Change () Addition
Name: WETHERELL, JOHN R
Address: 8580 CINDERBED RD, SUITE 2400
City-St-Zip: NEWINGTON, VA 22122

Title: COO (X) Change () Addition
Name: STARR, MICHAEL D
Address: 8580 CINDERBED RD, SUITE 2400
City-St-Zip: NEWINGTON, VA 22122

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: JOHN R. WETHERELL

CFO

04/28/2009

Electronic Signature of Signing Officer or Director

_____ Date