2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

DOCUMENT# F02000003197

Entity Name: CRA HEALTH SERVICES, INC.

Current Principal Place of Business:

8580 CINDERBED ROAD
SUITE 2400
NEWINGTON, VA 22122

New Principal Place of Business:

Current Mailing Address:

8580 CINDERBED ROAD
SUITE 2400
NEWINGTON, VA 22122

New Mailing Address:

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

OFFICERS AND DIRECTORS:

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: CHARLES H ROBBINS PSCE 03/15/2011

Electronic Signature of Signing Officer or Director — Date