2005 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 21, 2005
Secretary of State

DOCUMENT# F94000001778

Entity Name: COMPREHENSIVE HEALTH SERVICES, INC.

Current Principal Place of Business:

8229 BOONE BLVD.
SUITE 700
VIENNA, VA 22182

New Principal Place of Business:

Current Mailing Address:

8229 BOONE BLVD.
SUITE 700
VIENNA, VA 22182

New Mailing Address:

FEI Number: 52-1044628 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: CYNTHIA L. HARRIS

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	PTD	( ) Delete
Name:	HALL, MORRILL M JR	
Address:	316 CHESAPEAKE DR.	
City-St-Zip:	GREAT FALLS, VA 22101	
Title:	V	( ) Delete
Name:	MITCHELL, JAMES	
Address:	168 RALSTON AVE.	
City-St-Zip:	SOUTH ORANGE, NJ 07079	
Title:	SD	( ) Delete
Name:	HALL, JUDY C	
Address:	316 CHESAPEAKE DR.	
City-St-Zip:	GREAT FALLS, VA 22101	
Title:	D	( ) Delete
Name:	COOPER, NED	
Address:	560 PARK NORTH COURT	
City-St-Zip:	WINTER PARK, FL 32789	
Title:	D	( ) Delete
Name:	MONCRIEF, JAMES B JR	
Address:	700 OGLETHORPE AVE.	
City-St-Zip:	ATHENS, GA 30606	
Title:	AS	( ) Delete
Name:	HALL, TODD	
Address:	11710 INDIAN RIDGE ROAD	
City-St-Zip:	RESTON, VA 20191	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACK R. GRAY CONT 10/21/2005

Electronic Signature of Signing Officer or Director — Date