2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001778

Entity Name: COMPREHENSIVE HEALTH SERVICES, INC.

FILED Mar 30, 2009 Secretary of State

Current P	rincipal Place	of Business:	New Prince	New Principal Place of Business:		
SUITE 124	RONAUT BLVD NAVERAL, FL					
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
10701 PARKRIDGE BLVD. SUITE 200 RESTON, VA 20191						
FEI Number: 52-1044628 FEI Number Applied For ()			FEI Number Not App	FEI Number Not Applicable () Certificate of Status Desired ()		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
1200 SOU	PORATION SYS TH PINE ISLAN ON, FL 33324					
	named entity s e of Florida.	ubmits this statement for the p	urpose of changing i	its registere	ed office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	c Signature of Registered Age	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	CEO () HALL, MORRILL 316 CHESAPEA GREAT FALLS,	KE DR.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	EVP () MITCHELL, JAM 168 RALSTON A SOUTH ORANG	VE.	Title: Name: Address: City-St-Zip:	118 WOOD	(X) Change () Addition JAMES S EXEC VP HALL SPA BURG, VA 23188	
Title: Name: Address: City-St-Zip:	DIR () HALL, JUDY C S 316 CHESAPEA GREAT FALLS,	KE DR.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	CFO () COOPER, NED 560 PARK NOR WINTER PARK,	TH COURT	Title: Name: Address: City-St-Zip:		(X) Change()Addition NED CFO EAN CIRCLE ARK, FL 32789	
Title: Name: Address: City-St-Zip:	DIR () MONCRIEF, JAI 700 OGLETHOF ATHENS, GA 30	RPE AVE.	Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VP () HALL, TODD SY 11904 PARADIS OAK HILL, VA 2	E LANE	Title: Name: Address: City-St-Zip:		(X) Change () Addition K R TREASUR EST GREEN CT (A 20194	
I harahy ca	artify that the inf	ormation supplied with this filin	a door not avalify fo	or the eveni	ntion stated in Chanter 119. Florida	

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: JACK R GRAY TREA 03/30/2009