

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001778

FILED
Mar 22, 2011
Secretary of State

Entity Name: COMPREHENSIVE HEALTH SERVICES, INC.

Current Principal Place of Business:

8810 ASTRONAUT BLVD.
SUITE 124
CAPE CANAVERAL, FL 32920

New Principal Place of Business:

Current Mailing Address:

10701 PARKRIDGE BLVD.
SUITE 200
RESTON, VA 20191

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:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CEO
Name: HALL, MORRILL M CEO
Address: 316 CHESAPEAKE DR.
City-St-Zip: GREAT FALLS, VA 22101

Title: EVP
Name: MITCHELL, JAMES S EXEC VP
Address: 105 LIVERPOOL
City-St-Zip: WILLIAMSBURG, VA 23188

Title: DIR
Name: HALL, JUDY C SECRETA
Address: 316 CHESAPEAKE DR.
City-St-Zip: GREAT FALLS, VA 22101

Title: CFO
Name: COOPER, NED CFO
Address: 1047 MCKEAN CIRCLE
City-St-Zip: WINTER PARK, FL 32789

Title: DIR
Name: MONCRIEF, JAMES B DIR
Address: 700 OGLETHORPE AVE.
City-St-Zip: ATHENS, GA 30606

Title: TREA
Name: GRAY, JACK R TREASUR
Address: 1642 HARVEST GREEN CT
City-St-Zip: RESTON, VA 20194

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: JACK R GRAY

TREA

03/22/2011

Electronic Signature of Signing Officer or Director

Date