

2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000001778

FILED
Apr 17, 2012
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:

10701 PARKRIDGE BOULEVARD
SUITE 200
RESTON, VA 20191 US

Current Mailing Address:

10701 PARKRIDGE BLVD.
SUITE 200
RESTON, VA 20191

New Mailing Address:

10701 PARKRIDGE BOULEVARD
SUITE 200
RESTON, VA 20191 US

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: PD
Name: HALL JR., MORRILL M
Address: 10701 PARKRIDGE BOULEVARD, SUITE 200
City-St-Zip: RESTON, VA 20191 US

Title: VPD
Name: HALL, TODD S
Address: 10701 PARKRIDGE BOULEVARD, SUITE 200
City-St-Zip: RESTON, VA 20191 US

Title: PD
Name: HALL, JUDY C
Address: 10701 PARKRIDGE BOULEVARD, SUITE 200
City-St-Zip: RESTON, VA 20191 US

Title: T
Name: GRAY, JACK R CFO
Address: 10701 PARKRIDGE BOULEVARD, SUITE 200
City-St-Zip: RESTON, VA 20191 US

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: KELLY LETTMANN

POA

04/17/2012

Electronic Signature of Signing Officer or Director

Date