

1.) CORPORATION NAME: **CRA NATIONAL HEALTH SERVICES, INC.** DUE DATE: **2/28/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **CORPORATION SERVICE COMPANY** SCC ID NO: **F1538794**  
**Bank of America Center, 16th Floor**  
**1111 East Main Street**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE: **RICHMOND, VA 23219**

4.) STATE OR COUNTRY OF INCORPORATION: **DE**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8580 CINDERBED RD  
STE 2400

CITY/ST/ZIP: NEWINGTON, VA 22122

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: CHARLES H ROBBINS TITLE: P & SEC & TRES ADDRESS: 8580 CINDERBED RD STE 2400 CITY/ST/ZIP/CO: NEWINGTON, VA 22122	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: JOHN R WETHERELL TITLE: CFO ADDRESS: 8580 CINDERBED RD STE 2400 CITY/ST/ZIP/CO: NEWINGTON, VA 22122	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: MICHAEL H STARR TITLE: COO ADDRESS: 8580 CINDERBED RD STE 2400 CITY/ST/ZIP/CO: NEWINGTON, VA 22122	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ JOHN R WETHERELL	JOHN R WETHERELL, CFO	2/6/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.