



**State of Rhode Island and Providence Plantations
Office of the Secretary of State**

Fee: \$50.00

Corporations Division
148 W. River Street
Providence, Rhode Island 02904-2615
Telephone: (401) 222-3040

**Foreign Business Corporation
Annual Report**

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2009

1. Corporate ID No. 000152311

2. Name of Corporation Firstsource Healthcare Advantage, Inc.

3. Street Address Principal Business Office:

No. and Street: 8755 WEST HIGGINS ROAD, SUITE 800

City or Town: CHICAGO

State: IL Zip: 60631 Country: USA

4. Business Phone No.

773 250 0155

5. State of Incorporation

State: DE

6. Brief Description of the Character of Business Conducted in Rhode Island

ACCOUNTS RECEIVABLE MANAGEMENT

7. Names and Addresses of the Officers and Directors:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL SHEA	1661 LYNDON FARM COURT LOUISVILLE , KY 40223 USA
TREASURER	FRANK STELLATO	1661 LYNDON FARM COURT LOUISVILLE, KY 40223 USA
SECRETARY	FRANK STELLATO	1661 LYNDON FARM COURT LOUISVILLE, KY 40223 USA
CEO	MICHAEL SHEA	1661 LYNDON FARM COURT LOUISVILLE, KY 40223 USA
CFO	FRANK STELLATO	1661 LYNDON FARM COURT LOUISVILLE, KY 40223 USA
DIRECTOR	MICHAEL SHEA	1661 LYNDON FARM COURT LOUISVILLE, KY 40223 USA
DIRECTOR	FRANK STELLATO	1661 LYNDON FARM COURT LOUISVILLE, KY 40223 USA
DIRECTOR	ARJUN MITRA	205 BRYANT WOODS SOUTH AMHERST, NY 14228 USA

8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	1,000.00	0

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 13 Day of January, 2009 at 2:37:57 PM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By AMANDA HOSTETLER
Signature of Authorized Representative of the Corporation

REGULATORY AND LICENSING COORDINATOR
Title

Form No. 630
Revised 09/07