



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

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000743108

2. Name of Corporation eQHealth Solutions, Inc.

3. State of Incorporation

State: LA

4. Corporate Address in Rhode Island

No. and Street: 8591 UNITED PLAZA BOULEVARD, SUITE 270

City or Town: BATON ROUGE, LA

State: RI Zip: 70809 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 8591 UNITED PLAZA BOULEVARD

SUITE 270

City or Town: BATON ROUGE State: LA Zip: 70809 Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

HEALTHCARE MANAGEMENT SERVICES AND SOFTWARE

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	EDIE CASTELLO	8591 UNITED PLAZA BLVD., SUITE 270 BATON ROUGE, LA 70809 USA
SECRETARY	LEO STANLEY	916 BOURBON AVE. BATON ROUGE, LA 70809 USA
ASSISTANT SECRETARY	JOHN ALLEN	8591 UNITED PLAZA BLVD., SUITE 270 BATON ROUGE, LA 70809 USA
DIRECTOR	THEODORE BORGMAN MD	2222 CAMP STREET NEW ORLEANS, LA 70130 USA

DIRECTOR	ELLIOTT C ROBERTS SR	1439 AVENUE DE MARQUIS COVINGTON, LA 70433 USA
DIRECTOR	LEONARD KANCHER MD	ONE SANCTUARY LANE METAIRIE, LA 70006 USA
DIRECTOR	JEFF COCO MD	18 FLAMINGO STREET NEW ORLEANS, LA 70124 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

CT CORPORATION SYSTEM 10 DORRANCE STREET, SUITE 530 PROVIDENCE , RI 02903

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 8 Day of May, 2013 at 3:31:00 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 EDIE CASTELLO
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

Form No. 631
Revised 09/07

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