



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: 2015

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: 70809Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: 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
DIRECTOR	THEODORE BORGMAN MD	2222 CAMP STREET NEW ORLEANS, LA 70130 USA
DIRECTOR	BRET CLESI	1510 ELEONORE STREET NEW ORLEANS, LA 70115 USA

DIRECTOR	DANIELLE TROSTORFF	1414 ELEONORE ST. NEW ORLEANS, LA 70115 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**

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI
02888

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

Signed this 7 Day of January, 2016 at 5:22:28 PM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By EDIE CASTELLO
Signature of Authorized Person

Form No. 631
Revised 09/07