

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000004443

Entity Name: BCH HEALTH CONSULTANTS, INC.**Current Principal Place of Business:**200 CORPORATE BLVD STE 201
LAFAYETTE, LA 70508**Current Mailing Address:**PO BOX 82368
LAFAYETTE, LA 70598 US**FEI Number:** 72-1325627**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title CEO
Name SPEIGHTS, BYRON DJR.
Address 25 QUAIL HOLLOW
City-State-Zip: CARRIERE MS 39426

Title VP
Name LACKEY, BRIAN
Address 200 CORPORATE BLVD STE 201
City-State-Zip: LAFAYETTE LA 70508

Title SEC
Name FALK, LISHA
Address 200 CORPORATE BLVD STE 201
City-State-Zip: LAFAYETTE LA 70508

Title CFO
Name BOURQUE, MARIE
Address 200 CORPORATE BLVD STE 201
City-State-Zip: LAFAYETTE LA 70508

Title DIR
Name PILGRIM, RANDAL RMD
Address 200 CORPORATE BLVD STE 201
City-State-Zip: LAFAYETTE LA 70508

Title DIR
Name GUIDRY, JAMES JR
Address 200 CORPORATE BLVD STE 201
City-State-Zip: LAFAYETTE LA 70508

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: LISHA FALK**SECRETARY****04/15/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date