

FO9000003606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

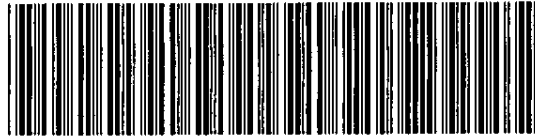
(Business Entity Name)

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09 SEP 10 PM 12:18
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

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2009 SEP -3 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

709 A.000
30022

SEP 10 2009



CT

a Wolters Kluwer business

CT
1203 Governors Square Blvd.
Tallahassee, FL 32301-2960

850 222 1092 tel
850 222 7615 fax
www.ctlegalsolutions.com

September 10, 2009

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Attn: Tim Burch

Please
backdate
to 9/3

Re: Order #: 7646178 SO
Customer Reference 1: None Given
Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Eqhealth Solutions, Inc. (LA)
Qualification
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Christina McNeair
CL Operations Specialist
Christina.McNeair@wolterskluwer.com

RECEIVED
09 SEP 10 AM 11:11
DEPARTMENT OF STATE
DIVISION OF OPERATIONS
TALLAHASSEE, FLORIDA



September 4, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: EQHEALTH SOLUTIONS, INC.
REF: W09000040002

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6928.

Tim Burch
Regulatory Specialist II
New Filing Section

FAX Aud. #: H09000194849
Letter Number: 609A00029604



September 8, 2009

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: EQHEALTH SOLUTIONS, INC.
REF: W09000040249

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

You failed to make the correction(s) requested in our previous letter.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

If you have any further questions concerning your document, please call (850) 245-6995.

Wanda Cunningham
Regulatory Specialist II
New Filing Section

FAX Aud. #: H09000194849
Letter Number: 809A00029756

APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:

1. EQHEALTH SOLUTIONS, INC.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. Louisiana 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 09/19/1986 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. _____
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S. to determine penalty liability.)
7. 8591 UNITED PLAZA BLVD., #270 - BATON ROUGE, LA 70809
(Principal office address)
8591 UNITED PLAZA BLVD., #270 - BATON ROUGE, LA 70809
(Current mailing address)
8. Peer review/quality improvement organization as set forth in the Social Security Act and any other lawful activity.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: Howard L. Volz **Howard L. Volz**
C T Corporation System Asst. Secretary
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP - 3 PM 4: 38

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: Leonard Kancher, M.D.

Address: One Sanctuary Lane, Metairie, LA 70006

Metairie, LA 70006

Vice Chairman: Theodore Borgman, M.D.

Address: 2222 Camp Street

New Orleans, LA 70130

Director: Bret Clesi

Address: 1510 Eleonore Street

New Orleans, LA 70115

Director: Elliott Roberts

Address: 1439 Avenue de Marquis

Covington, LA 70433

B. OFFICERS

President: Gary L. Curtis

Address: 8591 United Plaza Boulevard, Suite 270

Baton Rouge, LA 70809

Vice President: Edith Q. Castello

Address: 8591 United Plaza Boulevard, Suite 270

Baton Rouge, LA 70809

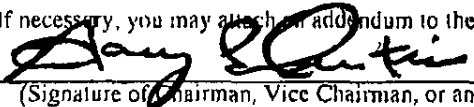
Secretary: Alfreda Tillman-Bester

Address: 4014 Salem Drive, Baton Rouge, LA 70814

Treasurer: N/A

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Gary L. Curtis, President/CEO
(Typed or printed name and capacity of person signing application)

United States of America State of Louisiana



FILED
2009 SEP -3 PM 4:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

As Secretary of State, Jay Dardenne, I do hereby Certify that

EQHEALTH SOLUTIONS, INC.

A corporation domiciled in BATON ROUGE, LOUISIANA,

Filed charter and qualified to do business in this State on
September 19, 1986,

I further certify that the records of this Office indicate
the corporation has paid all fees due the Secretary of
State, and so far as the Office of the Secretary of State is
concerned is in good standing and is authorized to do
business in this State as a Non-Profit Corporation.

EQHEALTH SOLUTIONS, INC.

In testimony whereof, I have hereunto set
My hand and caused the Seal of my Office
To be affixed at the City of Baton Rouge on,
September 3, 2009

Secretary of State
34218561N



Certificate ID: 20090903002492

To validate this certificate, visit the following web site,
go to **Commercial Division, Validate Certificate**, then
follow the instructions displayed.
www.sos.louisiana.gov