

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F09000003606

FILED
Jan 04, 2012
Secretary of State

Entity Name: EQHEALTH SOLUTIONS, INC.

Current Principal Place of Business:

8591 UNITED PLAZA BLVD #270
BATON ROUGE, LA 70809

New Principal Place of Business:

Current Mailing Address:

8591 UNITED PLAZA BLVD #270
BATON ROUGE, LA 70809

New Mailing Address:

FEI Number: 72-1081340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: KANCHER, LEONARD MD
Address: ONE SANCTUARY LANE
City-St-Zip: METAIRIE, LA 70006

Title: S
Name: BESTER, ALFREDA JD
Address: 4014 SALEM DRIVE
City-St-Zip: BATON ROUGE, LA 70814

Title: D
Name: CLESI, BRET
Address: 1510 ELEONORE STREET
City-St-Zip: NEW ORLEANS, LA 70115

Title: C
Name: ROBERTS, ELLIOTT
Address: 1439 AVENUE DE MARQUIS
City-St-Zip: COVINGTON, LA 70433

Title: P
Name: CURTIS, GARY
Address: 8591 UNITED PLAZA BLVD STE 270
City-St-Zip: BATON ROUGE, LA 70809

Title: V
Name: CASTELLO, EDITH Q
Address: 8591 UNITED PLAZA BLVD STE 270
City-St-Zip: BATON ROUGE, LA 70809

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: EDITH CASTELLO

COO

01/04/2012

Electronic Signature of Signing Officer or Director

Date