

1.) CORPORATION NAME:

Linc Health, Inc.

DUE DATE: **3/31/2012**

SCC ID NO: **F1502394**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI
CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

| CLASS | AUTHORIZED |
|--------|------------|
| COMMON | 20,000 |

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

MA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 325 HOPPING BROOK ROAD

CITY/ST/ZIP: HOLLISTON, MA 01746-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: SCOTT GIACOBBE
TITLE: PRESIDENT
ADDRESS: 1005 WINDWARD RIDGE PKWY
CITY/ST/ZIP/CO: ALPHARETTA, GA 30005-

OFFICER

DIRECTOR

NAME: ROBERT G. AVANT
TITLE: VICE PRESIDENT
ADDRESS: 8101 W. SAM HOUSTON PKWY S., STE 150
CITY/ST/ZIP/CO: HOUSTON, TX 77072-

OFFICER

DIRECTOR

NAME: SARAH H. MCCONNELL
TITLE: GC/CLERK
ADDRESS: 551 FIFTH AVE, STE 300
CITY/ST/ZIP/CO: NEW YORK, NY 10176-

OFFICER

DIRECTOR

NAME: DIEGO ANTHONY SCAGLIONE
TITLE: TREASURER
ADDRESS: 325 HOPPING BROOK ROAD
CITY/ST/ZIP/CO: HOLLISTON, MA 01746-

OFFICER

DIRECTOR

NAME: JAMES S. LUSK
TITLE: DIRECTOR
ADDRESS: 551 FIFTH AVE, STE 300
CITY/ST/ZIP/CO: NEW YORK, NY 10176-

OFFICER

DIRECTOR

| | | |
|---|----------------------------------|--|
| NAME: TRACY PRICE TITLE: DIRECTOR ADDRESS: 152 TECHNOLOGY DR CITY/ST/ZIP/CO: IRVINE, CA 92618- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|---|----------------------------------|--|

| | | |
|--|----------------------------------|--|
| NAME: HENRIK C. SLIPSAGER TITLE: DIRECTOR ADDRESS: 551 FIFTH AVE, STE 300 CITY/ST/ZIP/CO: NEW YORK, NY 10176- | <input type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
|--|----------------------------------|--|

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

| | | |
|---|---|-------------------|
| /s/ SARAH H. MCCONNELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT | SARAH H. MCCONNELL, GC/CLERK PRINTED NAME AND CORPORATE TITLE | 1/19/2012 DATE |
|---|---|-------------------|

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.