

1.) CORPORATION NAME:

**Triad Healthcare, Inc.**

DUE DATE: **9/30/2013**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY  
BANK OF AMERICA CENTER  
1111 EAST MAIN STREET, 16TH FLOOR**

SCC ID NO: **F1803651**

**RICHMOND, VA**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,500
PREFANV	9,500

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**CT**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 80 SPRING LANE

CITY/ST/ZIP: PLAINVILLE, CT 06062

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:	VINCENT COPPOLA	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	P/CEO		
ADDRESS:	80 SPRING LANE		
CITY/ST/ZIP/CO:	PLAINVILLE, CT 06062		

NAME:	AGOSTINO VILLANI	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN/FOUNDR		
ADDRESS:	80 SPRING LANE		
CITY/ST/ZIP/CO:	PLAINVILLE, CT 06062		

NAME:	VINCENT COPPOLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	80 SPRING LANE		
CITY/ST/ZIP/CO:	PLAINVILLE, CT 06062		

NAME:	DANIEL MOFFETT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	COO		
ADDRESS:	80 SPRING LANE		
CITY/ST/ZIP/CO:	PLAINVILLE, CT 06062		

NAME:	PAUL VILLANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CIO		
ADDRESS:	80 SPRING LANE		
CITY/ST/ZIP/CO:	PLAINVILLE, CT 06062		

NAME:	Al Gaburo	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	160 West State Street		
CITY/ST/ZIP/CO:	Trenton, NJ 08608		

NAME:	Eric Reimer	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	111 Founders Plaza, Suite 1003		
CITY/ST/ZIP/CO:	East Hartford, CT 06108		

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/ VINCENT COPPOLA	VINCENT COPPOLA, P/CEO	9/25/2013
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.