

1.) CORPORATION NAME:

xG Health Solutions, Inc.

DUE DATE: **2/28/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1921131**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMA	100

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6750 Alexander Bell Dr
STE 200

CITY/ST/ZIP: Columbia, MD 21046

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:	DAVID FELICIO	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	100 NORTH ACADEMY AVE		
CITY/ST/ZIP/CO:	DANVILLE, PA 17822		

NAME:	GLENN STEELE MD PHD	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6750 Alexander Bell Dr		
CITY/ST/ZIP/CO:	STE 200 Columbia, MD 21046		

NAME:	William Alexander	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6750 Alexander Bell Dr		
CITY/ST/ZIP/CO:	STE 200 Columbia, MD 21046		

NAME:	Robert Poole	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6750 Alexander Bell Dr.		
CITY/ST/ZIP/CO:	STE 200 Columbia, MD 21046		

NAME:	Ann Lamont	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	6750 Alexander Bell Dr		
CITY/ST/ZIP/CO:	STE 200 Columbia, MD 21046		

NAME: Andrew Adams TITLE: DIRECTOR ADDRESS: 6750 Alexander Bell Dr. STE 200 CITY/ST/ZIP/CO: Columbia, MD 21046	<input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Earl Steinberg, MD TITLE: CEO/Director ADDRESS: 6750 Alexander Bell Dr. STE 200 CITY/ST/ZIP/CO: Columbia, MD 21046	<input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: Ray Herschman TITLE: PRESIDENT ADDRESS: 6750 Alexander Bell Dr. STE 200 CITY/ST/ZIP/CO: Columbia, MD 21046	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: William Chatterton TITLE: CFO/Treasurer ADDRESS: 6750 Alexander Bell Dr. STE 200 CITY/ST/ZIP/CO: Columbia, MD 21046	<input checked="" type="checkbox"/> OFFICER <input type="checkbox"/> DIRECTOR	
NAME: Daniel J. Connors, Jr. TITLE: GC/Secretary ADDRESS: 6750 Alexander Bell Dr. STE 200 CITY/ST/ZIP/CO: Columbia, MD 21046	<input checked="" type="checkbox"/> OFFICER <input 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/ William Chatterton	William Chatterton, CFO/Treasurer	2/21/2014
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.		