## 2011 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F99000000009

Entity Name: AEGIS THERAPIES, INC.

FILED Apr 13, 2011 Secretary of State

Current Principal Place of Busi	ness: New	Principal Place of Bus	siness:
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1000 FIANNA WAY FORT SMITH, AR 72919

Current Mailing Address: New Mailing Address:

1000 FIANNA WAY FORT SMITH, AR 72919

FEI Number: 71-0811574 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US

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: PE

Name: SCHRAM, MARTHA J Address: 1000 FIANNA WAY City-St-Zip: FORT SMITH, AR 72919 US

Title: SVPD

 Name:
 WHITEHILL, ADAM E

 Address:
 1000 FIANNA WAY

 City-St-Zip:
 FORT SMITH, AR 72919 US

Title: VP

 Name:
 CLIFTON, SANDRA

 Address:
 1000 FIANNA WAY

 City-St-Zip:
 FORT SMITH, AR 72919 US

Title: SVP

 Name:
 GRIMA, ELIZABETH A

 Address:
 1000 FIANNA WAY

 City-St-Zip:
 FORT SMITH, AR 72919 US

Title:

Name: RASMUSSEN-JONES, HOLLY A

Address: 1000 FIANNA WAY

City-St-Zip: FORT SMITH, AR 72919 US

Title:

Name: TRUITT, ANN Address: 1000 FIANNA WAY

City-St-Zip: FORT SMITH, AR 72919 US

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

SIGNATURE: HOLLY A. RASMUSSEN-JONES S 04/13/2011