

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F10000003879

**Entity Name:** HEALTHTEACHER, INC.**Current Principal Place of Business:**209 10TH AVENUE SOUTH  
SUITE 350  
NASHVILLE, TN 37203**Current Mailing Address:**209 - 10TH AVENUE SOUTH  
SUITE 350  
NASHVILLE, TN 37023 US**FEI Number:** 20-3456491**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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**Officer/Director Detail :**

Title	PRESIDENT
Name	ZIEGLER, ROY
Address	209 10TH AVENUE SOUTH, SUITE 350
City-State-Zip:	NASHVILLE TN 37203

Title	DIRECTOR
Name	KARLESKI, KOLEMAN
Address	101 SOUTH FIFTH STREET STE 1650
City-State-Zip:	LOUISVILLE KY 40202

Title	SECRETARY
Name	BAILEY, JEFF
Address	209 10TH AVENUE SOUTH SUITE 350
City-State-Zip:	NASHVILLE TN 37203

Title	DIRECTOR
Name	DACKO, TED
Address	4866 N. MAPLE
City-State-Zip:	ANN ARBOR MI 48105

Title	DIRECTOR
Name	FACENTE, GARY
Address	7915 ST HELENA ROAD
City-State-Zip:	SANTA ROSA CA 95404

Title	DIRECTOR
Name	WEST, CASEY
Address	6075 POPLAR AVE SUITE 335
City-State-Zip:	MEMPHIS TN 38119

*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:** JEFF BAILEY**SECRETARY****04/29/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date