

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000000886

1. Entity Name  
AEGIS HEALTH GROUP, INC.



Principal Place of Business

8 CADILLAC DRIVE  
SUITE 450  
BRENTWOOD, TN 37027

Mailing Address

8 CADILLAC DRIVE  
SUITE 450  
BRENTWOOD, TN 37027

**FILED**  
**Apr 21, 2008 08:00 AM**  
**Secretary of State**



04142008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 62-1390310	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR.  
SUITE 4  
WESTON, FL 33331

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000908340  
05/06/08-80026-011 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ROSS, HENRY 8 CADILLAC DR STE 450 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCFO COPELAND, LORI 8 CADILLAC DR STE 450 BRENTWOOD, TN 37027
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WUSSOW, ROLAND 5241 WILLAMSBURG ROAD BRENTWOOD, TN
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRIGHT, CLYDE 505 BRADFORD HILLS PL NASHVILLE, TN 37211
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BARTON, MICHAEL 6 STRAWBERRY HILLS NASHVILLE, TN 37215
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/08  
Date

615-665-4200  
Daytime Phone #