# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 20, 2009**
**Secretary of State**

DOCUMENT# F99000000886

**Entity Name:** AEGIS HEALTH GROUP, INC.

**Current Principal Place of Business:**

8 CADILLAC DRIVE
SUITE 450
BRENTWOOD, TN 37027

**New Principal Place of Business:**

**Current Mailing Address:**

8 CADILLAC DRIVE
SUITE 450
BRENTWOOD, TN 37027

**New Mailing Address:**

**FEI Number: 62-1390310** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

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

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

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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

| | | |
|---|---|---|
| Title: | PCEO | ( ) Delete |
| Name: | ROSS, HENRY | |
| Address: | 8 CADILLAC DR STE 450 | |
| City-St-Zip: | BRENTWOOD, TN 37027 | |
| Title: | SCFO | ( ) Delete |
| Name: | COPELAND, LORI | |
| Address: | 8 CADILLAC DR STE 450 | |
| City-St-Zip: | BRENTWOOD, TN 37027 | |
| Title: | D | ( ) Delete |
| Name: | WUSSOW, ROLAND | |
| Address: | 5241 WILLAMSBURG ROAD | |
| City-St-Zip: | BRENTWOOD, TN | |
| Title: | D | ( ) Delete |
| Name: | BRIGHT, CLYDE | |
| Address: | 505 BRADFORD HILLS PL | |
| City-St-Zip: | NASHVILLE, TN 37211 | |
| Title: | D | ( ) Delete |
| Name: | BARTON, MICHAEL | |
| Address: | 6 STRAWBERRY HILLS | |
| City-St-Zip: | NASHVILLE, TN 37215 | |

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

| | |
|---|---|
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |
| Title: | ( ) Change ( ) Addition |
| Name: | |
| Address: | |
| City-St-Zip: | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: LORI COPELAND SCFO 04/20/2009

Electronic Signature of Signing Officer or Director — Date