2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2012
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.
515 E. PARK AVENUE
TALLAHASSEE, FL 32301 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

OFFICERS AND DIRECTORS:

Title: PCEO
Name: TALBERT, PEARSON
Address: 8 CADILLAC DR STE 450
City-St-Zip: BRENTWOOD, TN 37027

Title: SCFO
Name: COPELAND, LORI
Address: 8 CADILLAC DR STE 450
City-St-Zip: BRENTWOOD, TN 37027

Title: D
Name: WUSSOW, ROLAND
Address: 5241 WILLAMSBURG ROAD
City-St-Zip: BRENTWOOD, TN

Title: D
Name: BRIGHT, CLYDE
Address: 505 BRADFORD HILLS PL
City-St-Zip: NASHVILLE, TN 37211

Title: D
Name: BARTON, MICHAEL
Address: 6 STRAWBERRY HILLS
City-St-Zip: NASHVILLE, TN 37215

Title: D
Name: ROSS, HENRY
Address: 1004 FALLING LEAF CIRCLE
City-St-Zip: BRENTWOOD, TN 37027

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: LORI COPELAND SCFO 04/24/2012

Electronic Signature of Signing Officer or Director — Date