

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000006443

Entity Name: ARTEMIS HEALTH GROUP, INC.**Current Principal Place of Business:**100 WINNERS CIRCLE DR.
STE 450
BRENTWOOD, TN 37027**Current Mailing Address:**100 WINNERS CIRCLE DR.
STE 450
BRENTWOOD, TN 37027 US**FEI Number:** 62-1657235**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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, CEO, CHAIRMAN
Name	BATES, WILLIAM G.
Address	100 WINNERS CIRCLE DR. STE 450
City-State-Zip:	BRENTWOOD TN 37027

Title	SECRETARY, DIRECTOR
Name	LYLES, TIM
Address	100 WINNERS CIRCLE DR. STE 450
City-State-Zip:	BRENTWOOD TN 37027

Title	TREASURER
Name	MAPLES, JULIE
Address	100 WINNERS CIRCLE DR. STE 450
City-State-Zip:	BRENTWOOD TN 37027

Title	COO
Name	PREDMORE, SHELLEY
Address	100 WINNERS CIRCLE DR. STE 450
City-State-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: JULIE MAPLES

TREASURER

04/12/2014

Electronic Signature of Signing Officer/Director Detail_____
Date