

<b>SCC eFile</b>	<b>2012 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION</b>	212515211
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1.) CORPORATION NAME: <b>Aegis Health Group, Inc.</b>	DUE DATE: <b>4/30/2012</b>						
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>NATIONAL REGISTERED AGENTS INC          4001 NORTH NINTH STREET STE 227          ARLINGTON, VA 22203</b>	SCC ID NO: <b>F1375676</b>						
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>ARLINGTON COUNTY</b>	5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th style="width:30%;">CLASS</th> <th>AUTHORIZED</th> </tr> <tr> <td>COMMON</td> <td style="text-align: center;">9,500,000</td> </tr> <tr> <td>PREFA</td> <td style="text-align: center;">500,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	9,500,000	PREFA	500,000
CLASS	AUTHORIZED						
COMMON	9,500,000						
PREFA	500,000						
4.) STATE OR COUNTRY OF INCORPORATION: <b>TN</b>							

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 8 CADILLAC DRIVE  
STE 450

CITY/ST/ZIP: BRENTWOOD, TN 37027

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: PEARSON TALBERT TITLE: PRESIDENT ADDRESS: 8 CADILLAC DRIVE STE 450 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR	
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NAME: LORI COPELAND TITLE: SECRETARY ADDRESS: 8 CADILLAC DRIVE STE 450 CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: ROLAND WUSSOW TITLE: CHAIRMAN ADDRESS: 5241 WILLIAMSBURG RD CITY/ST/ZIP/CO: BRENTWOOD, TN 37027	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: MICHAEL BARTON TITLE: DIRECTOR ADDRESS: 6 STRAWBERRY HILLS CITY/ST/ZIP/CO: NASHVILLE, TN 37215	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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NAME: CLYDE BRIGHT TITLE: DIRECTOR ADDRESS: 505 BRADFORD HILLS PLACE CITY/ST/ZIP/CO: NASHVILLE, TN 37211	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR	
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ LORI COPELAND	LORI COPELAND, SECRETARY	4/25/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.