


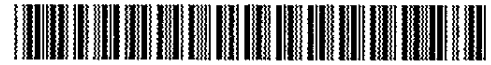
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 08:00 AM
Secretary of State

DOCUMENT # P19554
 1. Entity Name
GALEN HEALTH INSTITUTES, INC.



Principal Place of Business 612 S. 4TH AVE. SUITE 400 LOUISVILLE, KY 40202 US	Mailing Address 612 S. 4TH AVE. SUITE 400 LOUISVILLE, KY 40202 US
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02192004 No Chg-P CR2E034 (10/03)

4. FEI Number 61-1140524	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

U00000093154
 03/22/04-80006-024 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HENDRICKS, MICHAEL A. 612 S. 4TH AVE., SUITE 400 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD HENDRICKS, JEANIE S. 612 S. 4TH AVE., SUITE 400 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HENDRICKS, JEFF 612 S. 4TH AVE., SUITE 400 LOUISVILLE, KY 40202
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Michael A. Hendricks* MICHAEL A. HENDRICKS 2-19-04 502-583-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #