

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19554

FILED  
Feb 18, 2010  
Secretary of State

**Entity Name:** GALEN HEALTH INSTITUTES, INC.

**Current Principal Place of Business:**

1031 ZORN AVE  
SUITE 400  
LOUISVILLE, KY 40207 US

**New Principal Place of Business:**

**Current Mailing Address:**

1031 ZORN AVE  
SUITE 400  
LOUISVILLE, KY 40207 US

**New Mailing Address:**

**FEI Number:** 61-1140524      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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: P  
Name: VOGT, MARK PRES  
Address: 1031 ZORN AVE, SUITE 400  
City-St-Zip: LOUISVILLE, KY 40207 US

Title: T  
Name: PETERS, JOSEPH EXEC VP  
Address: 1031 ZORN AVE, SUITE 400  
City-St-Zip: LOUISVILLE, KY 40207 US

Title: D  
Name: MERSHON, KATHRYN CHAIRMN  
Address: 1031 ZORN AVE, SUITE 400  
City-St-Zip: LOUISVILLE, KY 40207 US

Title: D  
Name: PERRIN, MARJORIE DIRECTR  
Address: 1031 ZORN AVE, SUITE 400  
City-St-Zip: LOUISVILLE, KY 40207

Title: D  
Name: WHEELER, MARK DIRECTR  
Address: 1031 ZORN AVE, SUITE 400  
City-St-Zip: LOUISVILLE, KY 40207

Title: D  
Name: APPLEBERRY, JIM DIRECTR  
Address: 1031 ZORN AVE, SUITE 400  
City-St-Zip: LOUISVILLE, KY 40207

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: JOSEPH R PETERS

CFO

02/18/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date