

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19554

FILED
Jan 06, 2011
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

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

01/06/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date