

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19554

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

**Current Principal Place of Business:**

1031 ZORN AVE  
SUITE 400  
LOUISVILLE, KY 40207

**Current Mailing Address:**

1031 ZORN AVE  
SUITE 400  
LOUISVILLE, KY 40207 US

**FEI Number:** 61-1140524

**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 P  
Name VOGT, MARK PRES  
Address 1031 ZORN AVE, SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

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

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

Title D  
Name SHIRLEY, CHATER DIRECTR  
Address 1031 ZORN AVE, SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

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

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

Title DIRECTOR  
Name CAPUTI, LINDA  
Address 1031 ZORN AVE  
SUITE 400  
City-State-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 PETERS

**CFO**

**04/12/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date