

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P19554**
1. Corporation Name
Galen Health Institutes, Inc.

Principal Place of Business Mailing Address

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 612 S. Fourth Avenue		26 612 S. Fourth Avenue		6-7-88		5-1-95	
Suite, Apt #, etc		Suite, Apt #, etc		4. FEI Number		Applied For	
22 Suite 400		27 Suite 400		61-1140524		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23 Louisville, KY		28 Louisville, KY		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 40202		29 40202		25 U.S.		30 U.S.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CT Corporation System 1200 South Pine Island Road Plantation, FL 33324				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SVP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Schweinhart, Richard A.	1.2 NAME	Hendricks, Michael A.
STREET ADDRESS	One Park Plaza	1.3 STREET ADDRESS	612 S. Fourth Avenue Suite 400
CITY-ST-ZIP	Nashville, TN	1.4 CITY-ST-ZIP	Louisville, KY 40202
TITLE	CEOD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	STD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Vandewater, David T.	2.2 NAME	Hendricks, Jeanie S.
STREET ADDRESS	One Park Plaza	2.3 STREET ADDRESS	612 S. Fourth Avenue Suite 400
CITY-ST-ZIP	Nashville, TN	2.4 CITY-ST-ZIP	Louisville, KY 40202
TITLE	SVPD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Braun, Stephen T.	3.2 NAME	Hendricks, Jeff
STREET ADDRESS	One Park Plaza	3.3 STREET ADDRESS	612 S. Fourth Avenue Suite 400
CITY-ST-ZIP	Nashville, TN	3.4 CITY-ST-ZIP	Louisville, KY 40202
TITLE	VPT <input checked="" type="checkbox"/> DELETE	4.1 TITLE	
NAME	Colby, David C.	4.2 NAME	
STREET ADDRESS	One Park Plaza	4.3 STREET ADDRESS	800001796518
CITY-ST-ZIP	Nashville, TN	4.4 CITY-ST-ZIP	-04/26/96--01077--019
TITLE	VAT <input checked="" type="checkbox"/> DELETE	5.1 TITLE	***200.00
NAME	Anderson, David G.	5.2 NAME	
STREET ADDRESS	One Park Plaza	5.3 STREET ADDRESS	
CITY-ST-ZIP	Nashville, TN	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	Hinton, James D.	6.2 NAME	
STREET ADDRESS	One Park Plaza	6.3 STREET ADDRESS	
CITY-ST-ZIP	Nashville, TN	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Michael A. Hendricks MICHAEL A. HENDRICKS 2-16-96 502-583-6525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)