

2014 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

Title DIRECTOR
Name MCKAY, ANDREW
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 R PETERS

EVP & CFO

01/27/2014

Electronic Signature of Signing Officer/Director Detail

Date