

**2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19554

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

**FILED**  
**Mar 28, 2016**  
**Secretary of State**  
**CC0312015967**

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

Title            EXECUTIVE VICE PRESIDENT  
Name            PETERS, JOSEPH  
Address        1031 ZORN AVE, SUITE 400  
City-State-Zip: LOUISVILLE KY 40207

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

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

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

Title            DIRECTOR  
Name            APPLEBERRY, JIM  
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            ROBERTS, FRAN  
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 & CAO**

**03/28/2016**

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

\_\_\_\_\_  
Date