

2017 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 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

02/09/2017

Electronic Signature of Signing Officer/Director Detail

Date