

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19554

Entity Name: GALEN HEALTH INSTITUTES, INC.

Current Principal Place of Business:

3050 TERRA CROSSING BOULEVARD
LOUISVILLE, KY 40245

Current Mailing Address:

3050 TERRA CROSSING BOULEVARD
LOUISVILLE, KY 40245 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 VP
Name SOWELL III, JOSEPH A.
Address 3050 TERRA CROSSING BOULEVARD
City-State-Zip: LOUISVILLE KY 40245

Title VP
Name PAUL, NICHOLAS L.
Address 3050 TERRA CROSSING BOULEVARD
City-State-Zip: LOUISVILLE KY 40245

Title VP
Name GRUBBS, RONALD L. JR.
Address 3050 TERRA CROSSING BOULEVARD
City-State-Zip: LOUISVILLE KY 40245

Title DIRECTOR
Name NEAL, SHERRI L
Address 3050 TERRA CROSSING BOULEVARD
City-State-Zip: LOUISVILLE KY 40245

Title CFO, SECRETARY
Name PETERS, JOSEPH R.
Address 3050 TERRA CROSSING BOULEVARD
City-State-Zip: LOUISVILLE KY 40245

Title PRESIDENT
Name VOGT, MARK A.
Address 3050 TERRA CROSSING BOULEVARD
City-State-Zip: LOUISVILLE KY 40245

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

CFO

02/24/2023

Electronic Signature of Signing Officer/Director Detail

Date