

**2024 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            CEO  
Name            VOGT, MARK A.  
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

Title            BOARD MEMBER  
Name            ROBERTS, FRAN  
Address        3050 TERRA CROSSING BOULEVARD  
  
City-State-Zip: LOUISVILLE KY 40245

Title            BOARD CHAIR  
Name            ENGLEBRIGHT, JANE  
Address        3050 TERRA CROSSING BOULEVARD  
  
City-State-Zip: LOUISVILLE KY 40245

Title            BOARD MEMBER  
Name            JONES, ED  
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            ASSISTANT SECRETARY  
Name            DOWNEY, DOUG 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

**Continues on page 2**

*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:** MARK A. VOGT

**PRESIDENT**

**04/13/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title ASSISTANT SECRETARY  
Name MULLIN, DEBORAH H.  
Address 3050 TERRA CROSSING BOULEVARD  
City-State-Zip: LOUISVILLE KY 40245

Title ASSISTANT SECRETARY  
Name STARLING, JOHN  
Address 3050 TERRA CROSSING BOULEVARD  
City-State-Zip: LOUISVILLE KY 40245

Title BOARD MEMBER  
Name MOSIER, SAMMIE  
Address 3050 TERRA CROSSING BOULEVARD  
City-State-Zip: LOUISVILLE KY 40245

Title BOARD MEMBER  
Name BENTON, LYNDA  
Address 3050 TERRA CROSSING BOULEVARD  
City-State-Zip: LOUISVILLE KY 40245

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

Title BOARD MEMBER  
Name BREWINGTON, JANICE  
Address 3050 TERRA CROSSING BOULEVARD  
City-State-Zip: LOUISVILLE KY 40245

Title VP  
Name MAXWELL, TODD  
Address 3050 TERRA CROSSING BOULEVARD  
City-State-Zip: LOUISVILLE KY 40245

Title CFO  
Name DWYER, THOMAS  
Address 3050 TERRA CROSSING BOULEVARD  
City-State-Zip: LOUISVILLE KY 40245