

2021 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000051

FILED
Apr 15, 2021
Secretary of State
2371573033CC

Entity Name: FAMILY HEALTH INTERNATIONAL, INC.

Current Principal Place of Business:

359 BLACKWELL STREET, SUITE 200
DURHAM, NC

Current Mailing Address:

359 BLACKWELL STREET, SUITE 200
DURHAM, NC US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
801 US HIGHWAY 1
NORTH PALM BEACH, FL 33408 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, EX OFFICIO
Name FINE , PATRICK C.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title COO
Name KENNEDY-IRAHETA , DEBORAH K.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title CFO
Name PADMAPERUMA , RASIKA J.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title CHIEF COMPLIANCE OFFICER
Name TEMEEMI , SEAN
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title CHIEF HUMAN RESOURCES OFFICER
Name MYERS , PAMELA D.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title ASSISTANT SECRETARY
Name MEADOWS , ELIZABETH J.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title ASSISTANT SECRETARY
Name THIGPEN CARLSON , SUSAN
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title CHAIRMAN, DIRECTOR
Name DE LAY, PAUL R. DR.
Address 511 SOUTH ROYAL STREET
City-State-Zip: ALEXANDRIA VA 22314

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

**SIGNATURE: MS. KRISTEN G. LINGO 359 BLACKWELL STREET,
SUITE 200, DURHAM, NC 27701**

**ASSISTANT SECRETARY, 04/15/2021
BY DINA IRIZARRY
ATTORNEY-IN-FACT**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VC, DIRECTOR
Name LOWERY DERRYCK , VIVIAN
Address 1501 FARRAGUT STREET, NW
City-State-Zip: WASHINGTON DC 20011

Title DIRECTOR
Name MITCHELL , SHEILA W.
Address 1066 HARBOR LANE
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR
Name SIMMONS , WARREN PHD
Address 53 LINCOLN AVENUE
City-State-Zip: PROVIDENCE RI 02906

Title ASST. SECRETARY
Name LINGO, KRISTEN G.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title DIRECTOR
Name COWELL, JANET RAYE
Address 4407 LAUREL HILLS ROAD
City-State-Zip: RALEIGH NC 27612

Title DIRECTOR
Name HUANG, CINDY Y. PHD
Address 201 I STREET, NE, APT 607
City-State-Zip: WASHINGTON DC 20002

Title DIRECTOR
Name BETRU, ARON
Address 9913 HOLMHURST ROAD
City-State-Zip: BETHESDA MD 20817

Title DIRECTOR
Name LOCHNER, PHILLIP R. JR.
Address 699 LAKE AVENUE
City-State-Zip: GREENWICH CT 06830

Title DIRECTOR
Name YING , HELGA
Address 1211 OAKLAND AVENUE
City-State-Zip: PIEDMONT CA 94611

Title DIRECTOR
Name NEWSTEAD , JOHN E
Address 1327 KURTZ ROAD
City-State-Zip: MCLEAN VA 22101

Title CHIEF SCIENCE OFFICER
Name MASTRO, TIMOTHY
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title DIRECTOR
Name GUNN, GREGORY M.
Address 86 6TH AVE
City-State-Zip: BROOKLYN NY 11217

Title GENERAL COUNSEL, SECRETARY
Name STROKER , M. KATHERINE
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title DIRECTOR
Name MAHAL, JACQUELINE J
Address 258 RIVERSIDE DRIVE
12A
City-State-Zip: NEW YORK NY 10025