

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000000051

FILED
Mar 04, 2014
Secretary of State
CC5621819154

Entity Name: FAMILY HEALTH INTERNATIONAL, INC.

Current Principal Place of Business:

359 BLACKWELL STREET, SUITE 200
DURHAM, NC 27701

Current Mailing Address:

359 BLACKWELL STREET, SUITE 200
DURHAM, NC 27701 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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 CHAIR/CHIEF EXECUTIVE OFFICER/D
Name SIEMENS, DR. ALBERT J.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title VICE CHAIR/D
Name WHITEHOME, MR. EDWARD W
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title SECRETARY/D
Name YING, MS. HELGA
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title TREASURER/D
Name LENKHEYM, MR. MARTIN MITTAG-
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title COO
Name FINE , MR. PATRICK C.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title EXECUTIVE VICE
PRESIDENT/GENERAL COUNSEL
Name PRICE, MR. ROBERT R.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title CFO
Name MURPHY, MR. ROBERT S.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

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

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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. HELGA YING

BY: MONICA GONZALEZ 03/04/2014
ATTORNEY IN FACT

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

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

Title D
Name LAY, PAUL DE
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title D
Name THURMAN, SANDRA LYNE
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title CHIEF ADMINISTRATIVE OFFICER
Name MEIN, MR. DAVID G.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title ASSISTANT SECRETARY
Name PORTER, MS. MARIE F.
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title D
Name DERRYCK, VIVIAN LOWERY
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701

Title D
Name WISE , HOLLY
Address 359 BLACKWELL STREET, SUITE 200
City-State-Zip: DURHAM NC 27701