

**2015 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000051

**FILED**  
**Mar 19, 2015**  
**Secretary of State**  
**CC8907247676**

**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

**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:** CARLSON , MS. SUSAN THIGPEN

**ASSISTANT SECRETARY 03/19/2015**

\_\_\_\_\_  
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