

**2013 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F12000000051

**Entity Name:** FAMILY HEALTH INTERNATIONAL, INC.

**Current Principal Place of Business:**

2224 E HWY 54  
DURHAM, NC 27713

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC6473935184**

**Current Mailing Address:**

2224 E HWY 54  
DURHAM, NC 27713

**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 DP  
Name SIEMENS, ALBERT J  
Address 2224 E HWY 54  
City-State-Zip: DURHAM NC 27713

Title VCD  
Name WHITEHORNE, EDWARD W  
Address 2224 E HWY 54  
City-State-Zip: DURHAM NC 27713

Title DT  
Name MITTAG-LENKHEYM, MARTIN  
Address 2224 E HWY 54  
City-State-Zip: DURHAM NC 27713

Title D  
Name BROWN, TORREY C  
Address 2224 E HWY 54  
City-State-Zip: DURHAM NC 27713

Title VP  
Name PRICE, ROBERT R  
Address 2224 E HWY 54  
City-State-Zip: DURHAM NC 27713

Title S  
Name PORTER, MARIE F  
Address 2224 E HWY 54  
City-State-Zip: DURHAM NC 27713

*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: MARIE F PORTER, GMM**

**S**

**04/30/2013**

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

\_\_\_\_\_  
Date