

1.) CORPORATION NAME:

FAMILY HEALTH INTERNATIONAL

DUE DATE: **3/31/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATE CREATIONS NETWORK INC.
4445 CORPORATION LANE, 2ND FLOOR
VIRGINIA BEACH, VA**

SCC ID NO: **F0570491**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
-------	------------

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

VIRGINIA BEACH CITY

4.) STATE OR COUNTRY OF INCORPORATION:

NC

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 359 Blackwell Street, Suite 200

CITY/ST/ZIP: Durham, NC 27701

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	Dr. Albert J. Siemens	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Chair/CEO		
ADDRESS:	359 Blackwell Street, Suite 200		
CITY/ST/ZIP/CO:	DURHAM, NC 27701		
NAME:	Mr. Edward W Whitehome	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Vice Chair		
ADDRESS:	359 Blackwell Street, Suite 200		
CITY/ST/ZIP/CO:	DURHAM, NC 27701		
NAME:	Ms. Helga Ying	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	359 Blackwell Street, Suite 200		
CITY/ST/ZIP/CO:	DURHAM, NC 27701		
NAME:	Mr. Martin Mittag-Lenkheym	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	359 Blackwell Street, Suite 200		
CITY/ST/ZIP/CO:	DURHAM, NC 27701		
NAME:	Paul De Lay	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	359 Blackwell Street, Suite 200		
CITY/ST/ZIP/CO:	DURHAM, NC 27701		
NAME:	Vivian Lowery Derryck	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	359 Blackwell Street, Suite 200		
CITY/ST/ZIP/CO:	Durham, NC 27701		

NAME: Sandra Lyne Thurman TITLE: DIRECTOR ADDRESS: 359 Blackwell Street, Suite 200 CITY/ST/ZIP/CO: Durham, NC 27701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
--	----------------------------------	--

NAME: Holly Wise TITLE: DIRECTOR ADDRESS: 359 Blackwell Street, Suite 200 CITY/ST/ZIP/CO: Durham, NC 27701	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
---	----------------------------------	--

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Ms. Helga Ying	Ms. Helga Ying, SECRETARY	2/11/2014
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.