

1.) CORPORATION NAME:

DUE DATE: **5/31/2014**

AHP FOUNDATION

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1075243**

WILLIAM C. MCGINLY

**Suite 400
313 Park Avenue**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
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Falls Church, VA

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

FALLS CHURCH CITY (FILED IN ARLINGTON COUNTY)

4.) STATE OR COUNTRY OF INCORPORATION:

KS

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 313 PARK AVE
STE 400

CITY/ST/ZIP: FALLS CHURCH, VA 22046

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:	WILLIAM C MCGINLY	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	313 PARK AVENUE		
	SUITE 400		
CITY/ST/ZIP/CO:	FALLS CHURCH, VA 22046		

NAME:	Randy A Varju	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	Advocate Health Care		
	3075 Highlad Parkway, Suite 600		
CITY/ST/ZIP/CO:	Downers Grove, IL 60515		

NAME:	Richard K Giecek	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Board Member		
ADDRESS:	University Health System, Inc.		
	2121 Medical Center Way, Suite 110		
CITY/ST/ZIP/CO:	Knowville, TN 37920		

NAME:	DAVID L FLOOD	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	MERIDIAN HEALTH AFFL FDN		
	1345 CAMPUS PKWY STE A2		
CITY/ST/ZIP/CO:	NEPTUNE, NJ 07753		

NAME:	Bonnie Jess Lopane	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	BOARD MEMBER		
ADDRESS:	Hospice & Community Care		
	P. O. Box 4125		
CITY/ST/ZIP/CO:	Lancaster, PA 17604-4125		

NAME:	Sandy L Ogletree	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Board Member		
ADDRESS:	Univ Medical Ctr Health Sys FDN 602 Indiana Avenue		
CITY/ST/ZIP/CO:	Lubbock, TX 79415		

NAME:	Pamela M Werner	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	Board Member		
ADDRESS:	University of CA - San Diego 9500 Gilman Drive - MC 0937		
CITY/ST/ZIP/CO:	La Jolla, CA 92093		

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/ WILLIAM C MCGINLY	WILLIAM C MCGINLY, PRESIDENT	3/21/2014
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.