



State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: \$20.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

**Foreign Non-Profit
Annual Report**

Filing Period: June 1 - June 30

In accordance with R.I.G.L. 7-6-94, each corporation failing or refusing to file its annual report within the time prescribed by law (R.I.G.L. 7-6-91) is subject to a penalty fee of \$25.00.

ANNUAL REPORT YEAR: 2013

1. Corporate ID No. 000791702

2. Name of Corporation AMERICAN ACADEMY OF FAMILY PHYSICIANS

3. State of Incorporation

State: IL

4. Corporate Address in Rhode Island

No. and Street: 11400 TOMAHAWK CREEK PARKWAY

City or Town: LEAWOOD, KS

State: RI Zip: 66211 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street:

City or Town: State: Zip: Country:

6. Brief Description of the Character of the Affairs Which are Actually Conducted in Rhode Island

TO CREATE A COMPREHENSIVE STATE HEALTH PLAN

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JEFFREY J. CAIN MD	13123 E. 16TH AVE., #B065 AURORA, CO 80045 USA
BOARD CHAIR	GLEN R. STREAM MD	1708 S. MARTIN STREET SPOKANE, WA 99203 USA
VICE PRESIDENT	DOUGLAS E. HENLEY MD	11400 TOMAHAWK CREEK PKWY. LEAWOOD, KS 66211 USA
PRESIDENT ELECT	REID B. BLACKWELDER, MD	4407 LEEDY RD. KINGSPORT, TN 37664 USA

SPEAKER	JOHN S. MEIGS, JR. MD	PO BOX 289 BRENT, AL 35034 USA
VICE-SPEAKER	JAVETTE C. ORGAIN MD	PO BOX 806527 CHICAGO, IL 60680 USA
DIRECTOR	BARBARA J. DOTY MD	6382 E. BEECHCRAFT WASILLA, AK 99654 USA
DIRECTOR	LLOYD VAN WINKLE MD	PO BOX 960 CASTROVILLE, TX 78009 USA
DIRECTOR	H. CLIFTON KNIGHT MD	1500 NORTH RITTER AVENUE INDIANAPOLIS, IN 46219 USA
DIRECTOR	CARLOS GONZALES, MD	PO BOX 40 PATAGONIA, AZ 85624 USA
DIRECTOR	DANIEL SPOGEN MD	545 CALLE DE LA PLATA SPARKS, NV 89441 USA
DIRECTOR	REBECCA JAFFE MD	3105 LIMESTONE ROAD, SUITE 300 WILMINGTON, DE 19808 USA
DIRECTOR	WANDA FILER MD	PO BOX 1027 YORK, PA 17405 USA
DIRECTOR	ROBERT L. WERGIN, MD	119 SOUTH C ST. MILFORD, NE 68405 USA
DIRECTOR	RICHARD F. MADDEN JR. MD	609 S. CHRISTOPHER DR. BELEN, NM 87002 USA

**8. REGISTERED AGENT IN RHODE ISLAND - DO NOT ALTER
Changes Require Filing of Form 641 - R.I.G.L. 7-6-13 / 7-6-78**

NATIONAL REGISTERED AGENTS, INC. 450 VETERANS MEMORIAL PARKWAY, SUITE 7A EAST PROVIDENCE , RI 02914

9. This report must be signed by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver, or Trustee.

Signed this 10 Day of July, 2013 at 11:30:32 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By DOUGLAS E. HENLEY, MD
Signature of Officer of the Corporation

President or Vice President or Secretary or Assistant Secretary or
 Treasurer or Receiver or Trustee (check one)

This report cannot be accepted for filing if an officer has executed the form and he/she is not listed in Section 7.

