



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: 2014

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: 450 VETERANS MEMORIAL PKWY, SUITE 7A

City or Town: EAST PROVIDENCE

State: RI Zip: 02914 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 11400 TOMAHAWK CREEK PARKWAY

City or Town: LEAWOOD State: KS Zip: 66211 Country: USA

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	REID B. BLACKWELDER MD	4407 LEEDY RD KINGSPORT, TN 37664-2117 USA
CEO	DOUGLAS E. HENLEY MD	11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211 USA
SPEAKER	JOHN S. MEIGS, JR. MD	PO BOX 289 BRENT, AL 35034-0289 USA
VICE SPEAKER	JAVETTE C. ORGAIN MD	PO BOX 806527 CHICAGO, IL 60680-4126 USA

PRESIDENT-ELECT	ROBERT L. WERGIN MD	119 SOUTH C STREET MILFORD, NE 68405-1802 USA
BOARD CHAIR	JEFFREY J. CAIN MD	13123 E. 16TH AVE., #B065 AURORA, CO 80045-7106 USA
DEPUTY EVP AND CHIEF OPERATING OFFICER	TODD C. DICUS JD	11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211 USA
DIRECTOR	YUSHU JACK CHOU MD	1011 BALDWIN PARK BLVD BALDWIN PARK, CA 91706-5806 USA
DIRECTOR	ROBERT A. LEE MD	5501 NW 86TH ST, STE 300 JOHNSTON, IA 50131-1810 USA
DIRECTOR	MICHAEL MUNGER MD	12330 METCALF AVE., STE 400 OVERLAND PARK, KS 66213-1307 USA
DIRECTOR	KISHA DAVIS MD	12342 FELLOWSHIP LN NORTH POTOMAC, MD 20878-3403 USA
DIRECTOR	KIMBERLY BECHER MD	2642 BENEDICT RD CULLODEN, WV 25510 USA
DIRECTOR	TATE HINKLE	1002 HAMPTON FALLS BLVD., #1528 BROWNSBORO, AL 35741 USA
DIRECTOR	WANDA D. FILER MD	PO BOX 1027 YORK, PA 17405 USA
DIRECTOR	REBECCA JAFFE MD	3105 LIMESTONE RD., SUITE 300 WILMINGTON, DE 19808-2156 USA
DIRECTOR	DANIEL SPOGEN MD	545 CALLE DE LA PLATA SPARKS, NV 89441 USA
DIRECTOR	CARLOS GONZALES MD	PO BOX 40 PATAGONIA, AZ 85624-0040 USA
DIRECTOR	H. CLIFTON KNIGHT MD	1500 NORTH RITTER AVE. INDIANAPOLIS, IN 46219-3027 USA
DIRECTOR	LLOYD VAN WINKLE MD	6502 PEMWOODS SAN ANTONIO, TX 78240 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, duly Authorized Representative, Receiver, or Trustee.**

Signed this 13 Day of May, 2014 at 9:53:44 AM by the authorized person. *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 company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-6.*

By DOUGLAS E. HENLEY, MD, FAAFP
Signature of Authorized Person

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