



**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:** 2015

**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: 02914Country: 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	ROBERT L. WERGIN MD	119 SOUTH C STREET MILFORD, NE 68405-1802 USA
SECRETARY	DOUGLAS E. HENLEY MD	11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211-2672 USA
CEO	DOUGLAS E. HENLEY MD	11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211-2672 USA
BOARD CHAIR	REID B. BLACKWELDER MD	4407 LEEDY RD. KINGSPORT, TN 37664-2117 USA

DEPUTY EVP & CHIEF OPERATING OFFICER	TODD C. DICUS JD	11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211-2672 USA
ASSISTANT SECRETARY	TODD C. DICUS JD	11400 TOMAHAWK CREEK PKWY LEAWOOD, KS 66211-2672 USA
PRESIDENT-ELECT	WANDA FILER MD	PO BOX 1027 YORK, PA 17405 USA
SPEAKER	JOHN S. MEIGS, JR. MD	PO BOX 289 BRENT, AL 35034-0289 USA
ASSISTANT SPEAKER	JAVETTE C. ORGAIN MD	PO BOX 806527 CHICAGO, IL 60680-4126 USA
DIRECTOR	CARLOS GONZALES MD	PO BOX 40 PATAGONIA, AZ 85626-0040 USA
DIRECTOR	CARL OLDEN MD	311 S. 72ND AVE., SUITE 100 YAKIMA, WA 98908 USA
DIRECTOR	JOHN CULLEN MD	PO BOX 1829 VALDEZ, AK 99686 USA
DIRECTOR	LLOYD VAN WINKLE MD	6502 PEMWOODS SAN ANTONIO, TX 78240 USA
DIRECTOR	YUSHI CHOU MD	1011 BALDWIN PARK BLVD. BALDWIN PARK, CA 91706-5806 USA
DIRECTOR	ROBERT A. LEE MD	5501 NW 86TH ST., SUITE 300 JOHNSTON, IA 50131-1810 USA
DIRECTOR	MOTT BLAIR, IV MD	411 E. WESTBROOK STREET WALLACE, NC 28466 USA
DIRECTOR	LYNNE LILLIE MD	9485 LAKE ROAD WOODBURY, MN 55125 USA
DIRECTOR	EMILY BRIGGS MD	910 GRUENE ROAD,, #2 NEW BRAUNFELS, TX 78130 USA
DIRECTOR	ANDREW LUZKANIN MD	51 SILVER MAPLE CIRCLE EPHRATA, PA 17522 USA
DIRECTOR	MICHAEL MUNGER MD	12330 METCALF AVE., SUITE 400 OVERLAND PARK, KS 66213-1307 USA
DIRECTOR	KRISTINA ZIMMERMAN MD	522 DICKINSON ROAD DALTON, PA 18414 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 6 Day of May, 2015 at 12:14:37 PM 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 TODD C. DICUS, JD  
Signature of Authorized Person

Form No. 631  
Revised 09/07

© 2007 - 2015 State of Rhode Island and Providence Plantations  
All Rights Reserved