



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: 2020

1. Corporate ID No. 000791702

2. Name of Corporation AMERICAN ACADEMY OF FAMILY PHYSICIANS

3. State of Incorporation

State: IL

ARTICLE III

Using the dropdown labeled NAICS Code below, select the classification title that describes the primary type of activity in which your entity engages. The box to the right of the dropdown will populate a NAICS Code based on the chosen selection. If the NAICS Code is known, enter it into the box on the right. For further assistance with selecting a classification [click here](#).

NAICS Code

6

813920

4. Corporate Address in Rhode Island

No. and Street: 11400 TOMAHAWK CREEK PKY

City or Town: LEAWOOD

State: RI Zip: 66211 Country: USA

5. Foreign Corporation. Enter Principal Office Address

No. and Street: 3640 COL GLENN HWY

190 V WHITE HALL

City or Town: DAYTON State: OH Zip: 45435 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	Address
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	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country
PRESIDENT	GARY LEROY	3640 COL GLENN HWY, 190 V WHITE HALL DAYTON, OH 45435 USA
TREASURER	CHARLOTTE KERNER	11400 TOMAHAWK CREEK PARKWAY LEAWOOD, KS 66211 USA
NEW PHYSICIAN DIRECTOR	BRENT SUGIMOTO	2421 SAN MATEO ST RICHMOND, CA 94804 USA
RESIDENT DIRECTOR	KELLY THIBERT	1303 CAMBRIAN CT COLUMBUS, OH 43220 USA
STUDENT DIRECTOR	MARGARET MILLER	507 N GOLMER PARK JOHNSON CITY, TN 37604 USA
BOARD CHAIR	JOHN CULLEN	PO BOX 1829 VALDEZ, AK 99686 USA
PRESIDENT ELECT	ADA STEWART	1313 ASHLAND DR. COLUMBIA, SC 29229 USA
SPEAKER	ALAN SCHWARTZSTEIN MD	753 N MAIN ST. OREGON, WI 53575 US
AUTHORIZED REPRESENTATIVE	TODD C. DICUS	11400 TOMAHAWK CREEK PKY LEAWOOD, KS 66211 US
SVP	H. CLIFTON KNIGHT MD	11400 TOMAHAWK CREEK PKY LEAWOOD, KS 66211 US
SVP	SHANNON SCOTT	11400 TOMAHAWK CREEK PKY LEAWOOD, KS 66211 US
GENERAL COUNSEL	HEATHER LEITHE	11400 TOMAHAWK CREEK PKY LEAWOOD, KS 66211 US
VP/CIO	MICHAEL SMITH	11400 TOMAHAWK CREEK PKY LEAWOOD, KS 66211 US
CHCO	HOLLY MCCOY	11400 TOMAHAWK CREEK PKY LEAWOOD, KS 66211 US
VICE SPEAKER	RUSSELL KOHL MD	18005 CANTERBURY DR STILWELL, KS 66085 US
VICE PRESIDENT	DOUGLAS HENLEY MD	11400 TOMAHAWK CREEK PKY LEAWOOD, KS 66211 US
DIRECTOR	STERLING RANSONE MD	PO BOX 913 DELTAVILLE, VA 23043 US
DIRECTOR	WINDEL STRACENER MD	1333 HUNTERS POINTE DR. RICHMOND, IN 47374 USA
DIRECTOR	ERICA SWEGLER MD	4104 HARCOURT DR. AUSTIN, TX 78727 US
DIRECTOR	JAMES ELLZY MD	3214 10ST ST NE WASHINGTON, DC 20017 US
DIRECTOR	DENNIS GINGRICH MD	500 UNIVERSITY DR. HERSHEY, PA 17033 US
DIRECTOR	TOCHI IROKU-MALIZE MD	17 NORTH MONTGOMERY AVENUE BAY SHORE, NY 11706 US
DIRECTOR	ANDREW CARROLL	333 N DOBSON RD STE 15 CHANDLER, AZ 85224 USA
DIRECTOR	STEVEN FURR	PO BOX 767 JACKSON,, AL 36545 USA
DIRECTOR	MARGOT SAVOY	5 OGDEN CT MEDIA, PA 19063 USA

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 27 Day of May, 2020 at 6:38:03 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 DICUS
Signature of Authorized Person

Form No. 631
Revised 09/07

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