

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000080049

**Entity Name:** AI HEALTH AND HEALING CORP

**Current Principal Place of Business:**

11770 INVERNESS CIRCLE  
WELLINGTON, FL 33414

**Current Mailing Address:**

11770 INVERNESS CIRCLE  
WELLINGTON, FL 33414 UN

**FEI Number:** 47-2018237

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NIEBEL, APRIL  
11770 INVERNESS CIRCLE  
WELLINGTON, FL 33414 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRES  
Name            NIEBEL, APRIL  
Address        11770 INVERNESS CIRCLE  
City-State-Zip: WELLINGTON FL 33414

Title            VP  
Name            SLAVIN, ILANA  
Address        630 HARRISON AVE  
City-State-Zip: EAST MEDOW NY 11554

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** APRIL NIEBEL

**PRESIDENT**

**04/28/2015**

Electronic Signature of Signing Officer/Director Detail

Date