

2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000001309

Entity Name: AMERICAN HEALTH AND WELLNESS INSTITUTE, PLC

Current Principal Place of Business:

25 PROFESSIONAL WAY SUITE 101
VERONA, VA 24482

Current Mailing Address:

3730 EAST BROADWAY BLVD.,
SUITE EF
LONG BEACH, CA 90803 US

FEI Number: 27-0934144

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JACKMAN, MONICA
3242 SW FILLMORE STREET
PORT ST. LUCIE, FL 34953 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

Authorized Person(s) Detail :

Title CHIEF CLINICAL OFFICER
Name ADKINS SINGH, ASHVIND N DR.
Address 3730 EAST BROADWAY BLVD.,
SUITE EF
City-State-Zip: LONG BEACH CA 90803

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ASHVIND N. ADKINS SINGH

CHIEF CLINICAL OFFICER 04/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date