

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000613

**Entity Name:** AMERICAN HEALTH HOLDING, INC.**Current Principal Place of Business:**7400 WEST CAMPUS ROAD  
NEW ALBANY, OH 43054-8725**Current Mailing Address:**151 FARMINGTON AVENUE RW61  
HARTFORD, CT 06156 US**FEI Number: 31-1368946****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	PRESIDENT
Name	LAVIN, PAUL E.
Address	7400 WEST CAMPUS ROAD
City-State-Zip:	NEW ALBANY OH 43054-8725

Title	VICE PRESIDENT AND TREASURER
Name	MARONEY, JOHN PATRICK
Address	7400 WEST CAMPUS ROAD
City-State-Zip:	NEW ALBANY OH 43054-8725

Title	VICE PRESIDENT AND SECRETARY
Name	LEE, EDWARD CHUNG-I
Address	7400 WEST CAMPUS ROAD
City-State-Zip:	NEW ALBANY OH 43054-8725

Title	DIRECTOR
Name	SCHMIDT, MARK W.
Address	7400 WEST CAMPUS ROAD
City-State-Zip:	NEW ALBANY OH 43054-8725

*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: EDWARD CHUNG-I LEE****VICE PRESIDENT AND  
SECRETARY****03/31/2018**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date