

2016 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** CHIEF EXECUTIVE OFFICER AND
PRESIDENT**Name** LAVIN, PAUL E.**Address** 7400 WEST CAMPUS ROAD**City-State-Zip:** NEW ALBANY OH 43054-8725**Title** VICE PRESIDENT AND SECRETARY**Name** LEE, EDWARD CHUNG-I**Address** 151 FARMINGTON AVENUE
RW61**City-State-Zip:** HARTFORD CT 06156**Title** VICE PRESIDENT AND TREASURER**Name** COFRANCESCO, ELAINE ROSE**Address** 7400 WEST CAMPUS ROAD**City-State-Zip:** NEW ALBANY OH 43054-8725**Title** CHAIRMAN, 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

VP AND SECRETARY

04/08/2016

Electronic Signature of Signing Officer/Director Detail_____
Date