

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000613

FILED
Feb 02, 2011
Secretary of State

Entity Name: AMERICAN HEALTH HOLDING, INC.

Current Principal Place of Business:

100 WEST OLD WILSON BRIDGE ROAD
THIRD FLOOR
WORTHINGTON, OH 43085 US

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 6016
WORTHINGTON, OH 430856016 US

New Mailing Address:

FEI Number: 31-1368946

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D
Name: COOPERSTONE, ELLIOT S
Address: 300 CORPORATE PARKWAY
City-St-Zip: AMHERST, NY 14226

Title: VPD
Name: H. THACH PHAM
Address: 300 CORPORATE PARKWAY
City-St-Zip: AMHERST, NY 14226

Title: S
Name: BALOGH, ANDREA
Address: 300 CORPORATE PARKWAY
City-St-Zip: AMHERST, NY 14226

Title: CD
Name: REIDELBACH, MICHAEL J
Address: 100 WEST OLD WILSON BRIDGE ROAD, 3RD FLOOR
City-St-Zip: WORTHINGTON, OH 43085

Title: T
Name: WILKIN, WILLIAM R
Address: 100 WEST OLD WILSON BRIDGE ROAD, 3RD FLOOR
City-St-Zip: WORTHINGTON, OH 43085

Title: P
Name: LAVIN, PAUL E
Address: 100 WEST OLD WILSON BRIDGE ROAD, 3RD FLOOR
City-St-Zip: WORTHINGTON, OH 43085

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: PAUL E. LAVIN

P

02/02/2011

Electronic Signature of Signing Officer or Director

Date