

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000000613

FILED  
Feb 29, 2012  
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: CD  
Name: SCHMIDT, MARK W  
Address: 221 DAWSON ROAD  
City-St-Zip: COLUMBIS, SC 29223

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

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

Title: T  
Name: WILKIN, WILLIAM R  
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

02/29/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date