

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Dec 21, 2009**  
**Secretary of State**

DOCUMENT# F08000004182

**Entity Name:** AMERICANS FOR AFFORDABLE HEALTHCARE, INC.**Current Principal Place of Business:**ONE SOUTH LIMESTONE STREET  
SUITE 301  
SPRINGFIELD, OH 45502**New Principal Place of Business:****Current Mailing Address:**PO BOX 2549  
SPRINGFIELD, OH 45501**New Mailing Address:****FEI Number:** 33-1027683**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**CORPORATE CREATIONS NETWORK, INC.  
11380 PROSPERITY FARMS ROAD #221E  
PALM BEACH GARDENS, FL 33410 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: DIR ( ) Delete  
Name: COOKE, CRAIG  
Address: 220 OLD SPRINGFIELD RD  
City-St-Zip: SOUTH CHARLESTON, OH 45368

Title: DIR ( ) Delete  
Name: RYAN, SEAN  
Address: 433 W LEFFE LANE  
City-St-Zip: SPRINGFIELD, OH 45506

Title: TRES ( ) Delete  
Name: HARRIS, NANCY  
Address: ONE SOUTH LIMESTONE STREET STE 301  
City-St-Zip: SPRINGFIELD, OH 45502

Title: PRES ( ) Delete  
Name: THOMAS, TERRI  
Address: ONE SOUTH LIMESTONE STREET STE 301  
City-St-Zip: SPRINGFIELD, OH 45502

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP D (X) Change ( ) Addition  
Name: COOKE, CRAIG  
Address: ONE SOUTH LIMESTONE STREET STE 301  
City-St-Zip: SPRINGFIELD, OH 45502

Title: D (X) Change ( ) Addition  
Name: RYAN, SEAN  
Address: ONE SOUTH LIMESTONE STREET STE 301  
City-St-Zip: SPRINGFIELD, OH 45502

Title: P (X) Change ( ) Addition  
Name: HARRIS, NANCY  
Address: ONE SOUTH LIMESTONE STREET STE 301  
City-St-Zip: SPRINGFIELD, OH 45502

Title: STD (X) Change ( ) Addition  
Name: ATLEY, ASHLEY  
Address: ONE SOUTH LIMESTONE STREET STE 301  
City-St-Zip: SPRINGFIELD, OH 45502

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY HARRIS

P

12/21/2009

Electronic Signature of Signing Officer or Director

Date