

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004182

FILED
Mar 01, 2010
Secretary of State

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:

ONE SOUTH LIMESTONE STREET
SUITE 301
SPRINGFIELD, OH 45502

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: VP D
Name: COOKE, CRAIG
Address: ONE SOUTH LIMESTONE STREET STE 301
City-St-Zip: SPRINGFIELD, OH 45502

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

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

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

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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NANCY HARRIS

PRES

03/01/2010

Electronic Signature of Signing Officer or Director

Date