2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Mar 07, 2008 08:00 Al **DOCUMENT # G04245 Secretary of State** 1. Entity Name AMERICAN INTERHEALTH, INC. Principal Place of Business Mailing Address 2501-D SAND TRAP LANE 2501-D SAND TRAP LANE MELBOURNE, FL 32935 MELBOURNE, FL 32935 The state of the s 01302008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FÉLNumber The second s The second 59-2239388 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE JONES, ALICE M 2501 SAND TRAP LN IN THIS SPACE APT D MELBOURNE, FL 32935 一种 医水杨醇 医外侧 医外侧 医二种 医二种 医二种 8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOWILL FEE IS \$150.00 Trust Fund Contribution. After May 1, 2008 Fee will be \$550.00 10. OFFICERS AND DIRECTORS THE REPORT OF THE PROPERTY OF THE PARTY OF T TILE PDT Language and the second of NAME JONES, ALICE M STREET ADDRESS 2501-D SAND TRAP LANE . The artifus, the great for and discusses their large the decrease inflate interminant that a few days relation action CITY-ST-ZIP MELBOURNE, FL 32935 TITLE NAME STREET ADDRESS CFTY-ST-ZIP Market de the first and the first the state of nn.e NAME DO NOT WRITE STREET ADDRESS CITY-ST-ZIP IN THIS SPACE TITLE NAME A warm of the second of the se STREET ADDRESS more a few for the second and the same of few for the CITY-ST-ZIP NAME STREET ADDRESS 是一個一個學學學不可以不過一個學學學學 CITY-ST-ZIP MLE NAME STREET ADDRESS and the transfer of the state of

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changed, or on an attachment with an address, with all other like empowered. 321-725-6588 3-1-08 SIGNATURE:

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if

CITY-ST-ZIP