

2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000059749

FILED
Aug 12, 2010
Secretary of State

Entity Name: AMERICAN HEALTH INSTITUTE, INC.

Current Principal Place of Business:

10138 US HWY 19
PORT RICHEY, FL 34668 US

New Principal Place of Business:

Current Mailing Address:

10138 US HWY 19
PORT RICHEY, FL 34668 US

New Mailing Address:

FEI Number: 26-0218825 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHAW, ROSA
3156 GULF WINDS CIRCLE
HERNANDO BEACH, FL 34607 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: P
Name: SHAW, ROSA
Address: 3156 GULF WINDS CIRCLE
City-St-Zip: HERNANDO BEACH, FL 34607 US

Title: D
Name: WALKA, MARY P
Address: 7985 113TH STREET STE. 110
City-St-Zip: SEMINOLE, FL 33778

Title: D
Name: MARTINEZ, WANDA
Address: 10138 US HWY 19
City-St-Zip: PORT RICHEY, FL 34668

Title: D
Name: KOENIGSBERG, JEAN MARIE
Address: 10138 US HWY 19
City-St-Zip: PORT RICHEY, FL 34668

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: MARY P WALKA

D

08/12/2010

Electronic Signature of Signing Officer or Director

Date