

## **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P07000059749

**FILED**  
**Nov 04, 2011**  
**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: VP  
Name: SHAW, DANFORD R  
Address: 3156 GULF WINDS CIRCLE  
City-St-Zip: HERNANDO BEACH, FL 34607 US

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: ROSA SHAW

PRES

11/04/2011

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

\_\_\_\_\_  
Date