No. C 213778		Due i	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. AMERICAN HEALTH HOLDING, INC. 7400 WEST CAMPUS ROAD NEW ALBANY OH 43054-8725		921 S ORCHA BOISE ID 83	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
4. Corporations: Enter I	Names and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	PAUL E. LAV		7400 WEST CAMPUS ROAD	NEW ALBANY	OH	USA	43054-8725	
SECRETARY EDWARD CH			7400 WEST CAMPUS ROAD	NEW ALBANY	OH	USA	43054-8725	
		CK MARONEY	7400 WEST CAMPUS ROAD	NEW ALBANY	OH	USA	43054-8725	
DIRECTOR	MARK W SC	HMILI	7400 WEST CAMPUS ROAD	NEW ALBANY	OH		43054-8725	
5. Organized Under the Laws of:		6. Annual Report m						
ОН		Signature: Kelly Lettmann			Date: 04/20/2018			
C 213778		Name (type or print): Kelly Lettmann			Title: POA			
Processed 04/20/2018		* Electronically provided signatures are accepted as original signatures.						