

1.) CORPORATION NAME:

**AMERICAN HEALTH HOLDING, INC.**

DUE DATE: **3/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CT CORPORATION SYSTEM  
4701 COX RD STE 301  
GLEN ALLEN, VA 23060-6802**

SCC ID NO: **F1660648**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMAV	15,000
COMBNV	135,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**HENRICO COUNTY**

4.) STATE OR COUNTRY OF INCORPORATION:

**VA**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 100 W OLD WILSON BRIDGE RD  
3RD FLR

CITY/ST/ZIP: WORTHINGTON, OH 43085

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	GIBB RONALD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CHIEF OPE OFF		
ADDRESS:	100 WEST OLD WILSON BRIDGE RD		
CITY/ST/ZIP/CO:	WORTHINGTON, OH 43085		
NAME:	ANDREA BALOGH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	300 CORPORATE PKWY		
CITY/ST/ZIP/CO:	AMHERST, NY 14226		
NAME:	MARK W. SCHMIDT	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	13860 Ballantyne Place		
CITY/ST/ZIP/CO:	Charlotte, NC 28277		
NAME:	PAUL E. LAVIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CEO		
ADDRESS:	100 W. Old Wilson Bridge Rd		
CITY/ST/ZIP/CO:	Worthington, OH 43085		
NAME:	ELAINE ROSE COFRANCESCO	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	151 FARMINGTON AVE		
CITY/ST/ZIP/CO:	HARTFORD, CT 06156		
NAME:	WILLIAM WILKIN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	CFO		
ADDRESS:	100 W. Old Wilson Bridge Rd		
CITY/ST/ZIP/CO:	Worthington, OH 43085		

NAME: VINCENT DIMURA TITLE: CINTROLLER ADDRESS: 300 CORPORATE PKWY CITY/ST/ZIP/CO: AMHERST, NY 14226	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: EDWARD CHUNG-I LEE TITLE: VP/ASST SECY ADDRESS: 151 FARMINGTON AVE CITY/ST/ZIP/CO: HARTFORD, CT 06156	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ EDWARD CHUNG-ILEE	EDWARD CHUNG-ILEE,	4/2/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.