

1.) CORPORATION NAME:

**AMERICAN HEALTH HOLDING, INC.**

DUE DATE: **3/31/2013**

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:

**OH**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 7400 W. Campus Rd.

CITY/ST/ZIP: NEW ALBANY, OH 43054

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: PAUL E LAVIN TITLE: P/CEO ADDRESS: 7400 W. Campus Rd. CITY/ST/ZIP/CO: NEW ALBANY, OH 43054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: WILLIAM R WILKIN TITLE: CFO ADDRESS: 7400 W. Campus Rd CITY/ST/ZIP/CO: NEW ALBANY, OH 43054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: MARK W SCHMIDT TITLE: CHAIRMAN ADDRESS: 221 DAWSON RD CITY/ST/ZIP/CO: COLUMBIA, SC 29223	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: ANDREA BALOGH TITLE: SR.VP/SECRETARY ADDRESS: 300 CORPORATE PKWY CITY/ST/ZIP/CO: AMHERST, NY 14226	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: RONALD GIBB TITLE: CHIEF OPERATING ADDRESS: 7400 W. CAMPUS RD. CITY/ST/ZIP/CO: NEW ALBANY, OH 43054	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: VINCENT DIMURA TITLE: CONTROLLER ADDRESS: 300 CORPORATE PKWY CITY/ST/ZIP/CO: AMHERST, NY 14226	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR

NAME: ELAINE R. COFRANCESCO TITLE: VP/TREASURER ADDRESS: 151 FARMINGTON AVE. CITY/ST/ZIP/CO: HARTFORD, CT 06156	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: EDWARD C. 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 C.LEE	EDWARD C.LEE,	3/19/2013
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.