

No. C 155906		Due no later than Aug 31, 2009 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. AMERICA'S HEALTH CARE/RX PLAN AGENCY, INC. KAREN L. ROBB 4929 WEST ROYAL LANE SUITE 200 IRVING TX 75063 USA		CORPORATION SERVICE COMPANY 1401 SHORELINE DRIVE STE 2 BOISE ID 83702			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	MICHAEL K. OWENS, JR.	4929 WEST ROYAL LANE SUITE 200	IRVING	TX	USA	75063	
TREASURER	MICHAEL K. OWENS, JR.	4929 WEST ROYAL LANE SUITE 200	IRVING	TX	USA	75063	
PRESIDENT	MICHAEL K. OWENS, JR.	4929 WEST ROYAL LANE SUITE 200	IRVING	TX	USA	75063	
SECRETARY	MICHAEL K. OWENS, JR.	4929 WEST ROYAL LANE SUITE 200	IRVING	TX	USA	75063	
5. Organized Under the Laws of: DE C 155906		6. Annual Report must be signed.* Signature: Karen L. Robb Name (type or print): Karen L. Robb Date: 06/11/2009 Title: Assistant Secretary					
Processed 06/11/2009		* Electronically provided signatures are accepted as original signatures.					