

No. C 155906		Due no later than Aug 31, 2017		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. AMERICA'S HEALTH CARE/RX PLAN AGENCY, INC. LORI MARSH 5630 UNIVERSITY PARKWAY WINSTON-SALEM NC 27105		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				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
PRESIDENT	STEVE TRATTNER	265 187TH STREET	SUNNY ISLES BEACH	FL	USA	33160
SECRETARY	JEFFREY WEISSMANN	59 MAIDEN LANE	NEW YORK	NY	USA	10038
TREASURER	PETER RENDALL	59 MAIDEN LANE	NEW YORK	NY	USA	10038
DIRECTOR	BARRY KARFUNKEL	59 MAIDEN LANE	NEW YORK	NY	USA	10038
VICE PRESIDENT	AARON GODDARD	1100 NORTHWEST COMPTON DR. #205	BEAVERTON	OR	USA	97006
VICE PRESIDENT	RACHEL SEASHORE	1100 NORTHWEST COMPTON DR. #205	BEAVERTON	OR	USA	97006
DIRECTOR	ROBERT KARFUNKEL	59 MAIDEN LANE	NEW YORK	NY	USA	10038
DIRECTOR	MICHAEL WEINER	59 MAIDEN LANE	NEW YORK	NY	USA	10038
5. Organized Under the Laws of: DE C 155906		6. Annual Report must be signed.* Signature: Lori Marsh Name (type or print): Lori Marsh Date: 08/14/2017 Title: Paralegal				
Processed 08/14/2017		* Electronically provided signatures are accepted as original signatures.				