No. <b>C 157383</b>		Due no later than Nov 30, 2007		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.  ADULT CARE PLANS/RX AMERICA 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. New 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	IAN R. STUART MICHAEL K. OWENS, JR.		4929 WEST ROYAL LANE SUITE 200	IRVING	TX	USA	75063
			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: 6		6. Annual Report must be signed.*					
DE		Signature: Karen L. Robb		Date: 10/12/2007			
C 157383		Name (type or print): Karen L. Robb		Title: Assistant Secretary			
Processed 10/12/2007 * Electronically provided signatures are accepted as original signatures.							