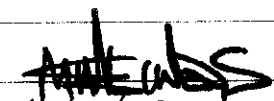
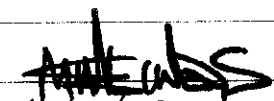
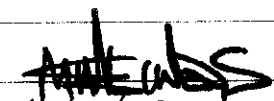


No. W 30123	Due no later than April 30, 2005 Annual Report Form	2. Registered Agent and Office NO PO BOX CORPORATE CREATIONS NETWORK 5527 KENDALL STREET BOISE, ID 83706																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable AMERICA'S HEALTH CARE BENEFIT PLAN, 200 W MADISON ST STE 550 CHICAGO, IL 60606	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Member:</td> <td style="vertical-align: top;">America's Health</td> <td style="vertical-align: top;">777 Main St., Suite 3100,</td> <td style="vertical-align: top;">Ft. Worth,</td> <td style="vertical-align: top;">TX</td> <td style="vertical-align: top;">76102</td> </tr> <tr> <td></td> <td colspan="5" style="vertical-align: top;">Care/Rx Plan Agency, Inc.</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member:	America's Health	777 Main St., Suite 3100,	Ft. Worth,	TX	76102		Care/Rx Plan Agency, Inc.				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
Member:	America's Health	777 Main St., Suite 3100,	Ft. Worth,	TX	76102															
	Care/Rx Plan Agency, Inc.																			
5. Organized Under the Laws of: DELAWARE W 30123	6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;">Signature </td> <td style="width: 40%;">Date <u>3/8/05</u></td> </tr> <tr> <td>Name (Type or Print) <u>Michael Owens</u></td> <td>Title <u>Member</u></td> </tr> </table>		Signature 	Date <u>3/8/05</u>	Name (Type or Print) <u>Michael Owens</u>	Title <u>Member</u>														
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