

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003570

Entity Name: AMERICA'S HEALTH CARE/RX PLAN AGENCY, INC.

Current Principal Place of Business:

450 W. HANES MILL ROAD, STE 101
WINSTON-SALEM, NC 27105

Current Mailing Address:

PO BOX 3199
WINSTON-SALEM, NC 27102 US

FEI Number: 02-0690863

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR, COB, COO
Name RENDALL, PETER
Address 450 W. HANES MILL ROAD
City-State-Zip: WINSTON-SALEM NC 27105

Title DIRECTOR, VP
Name GODDARD, AARON
Address 450 W. HANES MILL ROAD
City-State-Zip: WINSTON-SALEM NC 27105

Title PRESIDENT
Name TRATTNER, STEVE
Address 450 W. HANES MILL ROAD
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP
Name HWANG, CHRISTINA
Address 450 W. HANES MILL ROAD
City-State-Zip: WINSTON-SALEM NC 27105

Title AS
Name JAUHAR, MEGHAN
Address 450 W. HANES MILL ROAD
City-State-Zip: WINSTON-SALEM NC 27105

Title VP, CAO
Name BOLAR, DONALD
Address 450 W. HANES MILL ROAD
City-State-Zip: WINSTON-SALEM NC 27105

Title SVP, T
Name BAND, ALEXANDRA
Address 450 W. HANES MILL ROAD
City-State-Zip: WINSTON-SALEM NC 27105

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MEGHAN JAUHAR

ASSISTANT SECRETARY 04/19/2024

Electronic Signature of Signing Officer/Director Detail

Date