

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003570

FILED
Jun 11, 2020
Secretary of State
6593541756CC

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

Current Principal Place of Business:

1100 NORTHWEST COMPTON DR. #205
BEAVERTON, OR 97006

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 D, CEO
Name KARFUNKEL, BARRY S
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title D
Name KARFUNKEL, ROBERT M
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title D, CFO, TREASURER
Name WEINER, MICHAEL H
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title S
Name WEISSMANN, JEFFREY A
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title COO
Name RENDALL, PETER A
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038

Title VP
Name GODDARD, AARON
Address 1100 NORTHWEST COMPTON DR #205
City-State-Zip: BEAVERTON OR 97006

Title ASSISTANT SECRETARY
Name MARSH, LORI
Address 5630 UNIVERSITY PARKWAY
City-State-Zip: WINSTON-SALEM NC 27105

Title PRESIDENT
Name TRATTNER, STEVE
Address 265 187TH STREET
City-State-Zip: SUNNY ISLES BEACH FL 33160

Continues on page 2

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: LORI MARSH

ASSISTANT SECRETARY 06/11/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SVP, TAX
Name GOLDSTEIN, MICHAEL
Address 59 MAIDEN LANE
City-State-Zip: NEW YORK NY 10038