

2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003570

FILED
Apr 10, 2015
Secretary of State
CC7609518338

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 P
Name LACEY, BRAD
Address 4148 LIBERTY MEADOWS COURT
City-State-Zip: AVON IN 46123

Title DCEO
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 DCFO
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 T
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 VP
Name SEASHORE, RACHEL
Address 7900 SE 28TH STREET, STE. 400
City-State-Zip: MERCER ISLAND WA 98040

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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 04/10/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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