

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000003570

FILED  
Apr 23, 2012  
Secretary of State

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

**Current Principal Place of Business:**

4929 WEST ROYAL LANE  
SUITE 200  
IRVING, TX 75063

**New Principal Place of Business:**

**Current Mailing Address:**

4929 WEST ROYAL LANE  
SUITE 200  
IRVING, TX 75063

**New Mailing Address:**

7900 SE 28TH STREET  
SUITE 400  
MERCER ISLAND, WA 98040

**FEI Number:** 02-0690863

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: HARRIS, CHARLES  
Address: 4929 WEST ROYAL LANE, SUITE 200  
City-St-Zip: IRVING, TX 75063

Title: DCEO  
Name: KARFUNKEL, BARRY S  
Address: 59 MAIDEN LANE  
City-St-Zip: NEW YORK, NY 10038

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

Title: DCFO  
Name: WEINER, MICHAEL H  
Address: 59 MAIDEN LANE  
City-St-Zip: NEW YORK, NY 10038

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

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

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: JEFFREY A. WEISSMANN

S

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date