

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006592

FILED  
Mar 27, 2008  
Secretary of State

Entity Name: ADULT CARE PLANS/RX AMERICA AGENCY, INC.

## Current Principal Place of Business:

4929 WEST ROYAL LANE  
2ND FLOOR  
IRVING, TX 75063

## New Principal Place of Business:

4929 WEST ROYAL LANE  
SUITE 200  
IRVING, TX 75063

## Current Mailing Address:

4929 WEST ROYAL LANE  
2ND FLOOR  
IRVING, TX 75063

## New Mailing Address:

4929 WEST ROYAL LANE  
SUITE 200  
IRVING, TX 75063

FEI Number: 02-0690854

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 32301 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: ST ( ) Delete  
Name: OWENS, MICHAEL  
Address: 4929 WEST ROYAL LANE  
City-St-Zip: IRVING, TX 75063

Title: D ( ) Delete  
Name: NAUERT, PETER W  
Address: 4929 WEST ROYAL LANE  
City-St-Zip: IRVING, TX 75063

Title: P ( ) Delete  
Name: FISCHER, CARL  
Address: 4929 WEST ROYAL LANE  
City-St-Zip: IRVING, TX 75063

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PST (X) Change ( ) Addition  
Name: OWENS, JR, MICHAEL K  
Address: 4929 WEST ROYAL LANE, SUITE 200  
City-St-Zip: IRVING, TX 75063

Title: D (X) Change ( ) Addition  
Name: STUART, IAN R  
Address: 4929 WEST ROYAL LANE, SUITE 200  
City-St-Zip: IRVING, TX 75063

Title: AS (X) Change ( ) Addition  
Name: ROBB, KAREN L  
Address: 4929 WEST ROYAL LANE, SUITE 200  
City-St-Zip: IRVING, TX 75063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KAREN L. ROBB

AS

03/27/2008

Electronic Signature of Signing Officer or Director

Date