

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000006899

FILED
Jun 11, 2007
Secretary of State

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

Current Principal Place of Business:

777 MAIN ST.
SUITE 3100
FT. WORTH, TX 76102

New Principal Place of Business:

4929 WEST ROYAL LANE
SECOND FLOOR
IRVING, TX 75063

Current Mailing Address:

777 MAIN ST.
SUITE 3100
FT. WORTH, TX 76102

New Mailing Address:

4929 WEST ROYAL LANE
SECOND FLOOR
IRVING, TX 75063

FEI Number: 74-3128544

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: NAUERT, PETER W
Address: 777 MAIN ST. SUITE 3100
City-St-Zip: FT. WORTH, TX 76102

Title: PS () Delete
Name: OWENS, MICHAEL
Address: 777 MAIN ST. SUITE 3100
City-St-Zip: FT. WORTH, TX 76102

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PS (X) Change () Addition
Name: OWENS, MICHAEL
Address: 4929 WEST ROYAL LANE
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: MICHAEL OWENS

PS

06/11/2007

Electronic Signature of Signing Officer or Director

Date