

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000001620

FILED
Jan 06, 2005
Secretary of State

Entity Name: AMERICA'S HEALTH CARE BENEFIT PLAN, LLC

Current Principal Place of Business:

200 WEST MADISON ST.
SUITE 550
CHICAGO, IL 60606

New Principal Place of Business:

777 MAIN ST.
SUITE 3100
FORT WORTH, TX 76102

Current Mailing Address:

200 WEST MADISON ST.
SUITE 550
CHICAGO, IL 60606

New Mailing Address:

777 MAIN ST.
SUITE 3100
FORT WORTH, TX 76102

FEI Number: 80-0102171

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATE CREATIONS NETWORK, INC.
11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410 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

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: AMERICA'S HELATH CAR, E/RX PLAN, INC .
Address: 200 WEST MADISON ST.
City-St-Zip: CHICAGO, IL 60606

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: AMERICA'S HELATH CAR, E/RX PLAN, INC .
Address: 777 MAIN ST., SUITE 3100
City-St-Zip: FORT WORTH, TX 76102

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL OWENS

MGRM

01/06/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date