



State of Rhode Island and Providence Plantations  
Office of the Secretary of State

Fee: \$50.00

Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615  
Telephone: (401) 222-3040

**Foreign Business Corporation  
Annual Report**

Filing Period: January 1 - March 1

*In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501(c&d)) is subject to a penalty fee of \$25.00.*

**ANNUAL REPORT YEAR:** 2008

**1. Corporate ID No.** 000144404

**2. Name of Corporation** Adult Care Plans/Rx America Agency, Inc.

**3. Street Address Principal Business Office:**

No. and Street: 4929 W. ROYAL LANE  
SUITE 200

City or Town: IRVING State: TX Zip: 75063 Country: USA

**4. Business Phone No.**

972-915-3200

**5. State of Incorporation**

State: DE

**6. Brief Description of the Character of Business Conducted in Rhode Island**

MARKETING AND DISTRIBUTION OF HEALTH CARE PRODUCTS

**7. Names and Addresses of the Officers and Directors:**

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
PRESIDENT	MICHAEL K OWENS JR	4929 WEST ROYAL LANE, SUITE 200 IRVING, TX 75063 USA
TREASURER	MICHAEL K OWENS JR	4929 WEST ROYAL LANE, SUITE 200 IRVING, TX 75063 USA
SECRETARY	MICHAEL K OWENS JR	4929 WEST ROYAL LANE, SUITE 200 IRVING, TX 75063 USA
ASSISTANT SECRETARY	KAREN L ROBB	4929 WEST ROYAL LANE, SUITE 200 IRVING, TX 75063 USA
DIRECTOR	IAN R STUART	4929 WEST ROYAL LANE, SUITE 200 IRVING, TX 75063 USA

### 8. Shares Authorized and Issued

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares <i>Number of Shares</i>	Total Issued and Outstanding <i>Num of Shares</i>
CWP		\$0.01	10,000.00	10000

**9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.**

**Signed this 28 Day of January, 2008 at 11:00:19 AM by the incorporator(s).** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By KAREN L. ROBB  
Signature of Authorized Representative of the Corporation

ASSISTANT SECRETARY  
Title

Form No. 630  
Revised 09/07

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