



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State
Matthew A. Brown, Secretary of State

Corporations Division
100 North Main Street
Providence, RI 02903-1335
401.222.3040

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2005

Filing Period: January 1 - March 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 144405		2. Name of Corporation America's Health Care/Rx Plan Agency, Inc.			
3. Street Address Principal Business Office 777 Main St., Suite 3100		City Fort Worth	State TX	Zip 76102	
4. Business Phone No. 817 820 2121		5. State of Incorporation DELAWARE			6. SIC Code 5720
7. Brief Description of the Character of Business Conducted in Rhode Island MARKETING AND DISTRIBUTION OF HEALTHCARE PRODUCTS					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Michael Owens			Vice President Name		
Street Address 777 Main St., Suite 3100			Street Address		
City Fort Worth	State TX	Zip 76102	City	State	Zip
Secretary Name Michael Owens			Treasurer Name		
Street Address 777 Main St., Suite 3100			Street Address		
City Fort Worth	State TX	Zip 76102	City	State	Zip
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Peter Navert			Director Name		
Street Address 777 Main St., Suite 3100			Street Address		
City Fort Worth	State TX	Zip 76102	City	State	Zip
Director Name			Director Name		
Street Address			Street Address		
City	State	Zip	City	State	Zip
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>		
AUTHORIZED SHARES			ISSUED SHARES		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
10,000 COMM \$0.01 PAR VALUE			10,000	COMMON	0.01

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



File Date	2.28.05
Check No.	4500
By:	<i>[Signature]</i>
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature]
Signature of Officer
Michael Owens
Date
President
Title of Officer