

# Kentucky Secretary of State Annual Report

**This Annual Report was submitted electronically**

**Company** AMERICA'S HEALTH CARE BENEFIT PLAN, LLC  
**Company ID** 0592306.06.99999  
**Date Filed** 3/14/2005  
**Fee** \$15.00

## Principal Office

200 WEST MAIDSON STREET  
SUITE 550  
CHICAGO, IL 60606

## Registered Agent

CORPORATE CREATIONS NETORK INC.  
828 LANE ALLEN ROAD  
SUITE 219  
LEXINGTON, KY 40504

## Members / Managers

Member	America's Health Care/Rx Plan, Inc.	777 Main St., Suite 3100, Fort Worth, TX 76102
--------	--	--

## Signatures

**Signature** Michael Owens  
**Title** Member