# Kentucky Secretary of State Annual Report

# This Annual Report was submitted electronically

Company ADULT CARE BENEFIT PLAN, LLC

**Company ID** 0584111.06.99999

**Date Filed** 3/14/2005 **Fee** \$15.00

#### Principal Office Registered Agent

200 W. MADISON ST. CORPORATE CREATIONS NETWORK, INC. STE 550 828 LANE ALLEN ROAD #219 LEXINGTON, KY 40504

## **Members / Managers**

Member Adult Care Plans/Rx America, Inc. 777 Main St., Suite 3100, Fort Worth, TX 76102

### **Signatures**

Signature Michael Owens

Title Member