

# 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** 6/19/2007 2:53:31 PM  
**Fee** \$15.00

## **Principal Office**

777 MAIN ST.  
SUITE 3100  
FORT WORTH, TX 76102

## **Registered Agent**

CSC LAWYERS INCORPORATING SERVICE COMPANY  
421 WEST MAIN STREET  
FRANKFORT, KY 40601

## **Members / Managers**

Member	Adult Care Plans/Rx America, Inc.	4929 West Royal Lane, 2nd Floor, Irving, TX 75063
--------	-----------------------------------	---

## **Signatures**

**Signature** Michael Owens  
**Title** Secretary of Adult Care Plans/Rx America, Inc. a member  
of Adult Care Benefit Plan LLC