

SCC eFile

2012 ANNUAL REPORT  
COMMONWEALTH OF VIRGINIA  
STATE CORPORATION COMMISSION

212526639

1.) CORPORATION NAME:

**America's Health Care/Rx Plan Agency, Inc.**

DUE DATE: **7/31/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**CORPORATION SERVICE COMPANY**

**Bank of America Center, 16th Floor  
1111 East Main Street**

SCC ID NO: **F1556077**

**RICHMOND, VA 23219**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**DE**

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 4929 WEST ROYAL LN  
STE 200

CITY/ST/ZIP: IRVING, TX 75063

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME:	Charles Harris	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	4929 West Royal Lane		
CITY/ST/ZIP/CO:	STE 200 Irving, TX 75063		

NAME:	Aaron Goddard	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	500 West Fifth Street		
CITY/ST/ZIP/CO:	Winston-Salem, NC 27101		

NAME:	Rachel Seashore	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	7900 SE 28th Street		
CITY/ST/ZIP/CO:	STE 400 Mercer Island, WA 98040		

NAME:	Jeffrey Weissmann	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	59 Maiden Lane		
CITY/ST/ZIP/CO:	New York, NY 10038		

NAME:	Peter Rendall	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	TREASURER		
ADDRESS:	59 Maiden Lane		
CITY/ST/ZIP/CO:	New York, NY 10038		

NAME: Barry Karfunkel TITLE: CEO ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Robert Karfunkel TITLE: DIRECTOR ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: Michael Weiner TITLE: CFO ADDRESS: 59 Maiden Lane CITY/ST/ZIP/CO: New York, NY 10038	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ Jeffrey Weissmann	Jeffrey Weissmann, SECRETARY	7/17/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.