

CT CORPORATION SYSTEM

CORPORATION(S) NAME

L010000012800

Merck-Medco Rx Services of Florida No.5, L.C.

700004522907--0  
-08/07/01-01059-017  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 AUG -7 AM 9:29

APPROVED  
AND  
FILED

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Profit              | <input type="checkbox"/> Amendment              | <input type="checkbox"/> Merger             |
| <input type="checkbox"/> Nonprofit           | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark               |
| <input type="checkbox"/> Foreign             | <input type="checkbox"/> Reinstatement          | <input checked="" type="checkbox"/> Other   |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report          | <input type="checkbox"/> Change of RA       |
| <input type="checkbox"/> LLC                 | <input type="checkbox"/> Name Registration      | <input type="checkbox"/> UCC                |
| <input type="checkbox"/> Certified Copy      | <input type="checkbox"/> Fictitious Name        | <input type="checkbox"/> CUS                |
| <input type="checkbox"/> Photocopies         | <input type="checkbox"/> Call When Ready        | <input type="checkbox"/> Call If Problem    |
| <input type="checkbox"/> Call When Ready     | <input type="checkbox"/> Call If Problem        | <input type="checkbox"/> After 4:30         |
| <input checked="" type="checkbox"/> Walk In  | <input type="checkbox"/> Will Wait              | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out            |   |   |

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Name \_\_\_\_\_  
Availability \_\_\_\_\_  
Document \_\_\_\_\_  
Examiner \_\_\_\_\_  
Updater \_\_\_\_\_  
Verifier \_\_\_\_\_  
W.P. Verifier \_\_\_\_\_

8/7/01

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Order#: 4702424

Ref#: \_\_\_\_\_

Amount: \$ \_\_\_\_\_

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01 AUG -7 PM 12:31  
DIVISION OF CORPORATION

*Handwritten: 8-8-01*

660 East Jefferson Street  
Tallahassee, FL 32301  
Tel. 850 222 1092  
Fax 850 222 7615

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Merck-Medco Rx Services of Florida, No. 5, L.C.

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The company's name in the Articles of Organization is: Merck-Medco Rx Services of Florida, No. 5, L.C.  
There is an extra coma between the words "Florida" and "No."  
The correct name of the limited liability company is: Merck-Medco Rx Services of Florida No. 5, L.C.

**OR**

Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED

Dated: August 7, 2001

Merck-Medco Managed Care, L.L.C.

*David S. Machlowitz*  
Signature of a member or authorized representative of a member

David S. Machlowitz, Senior Vice President and General Counsel

Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Merck-Medco Rx Services of Florida, No. 5, L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

8800 Hidden River Parkway, Tampa, Florida 33637

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

<u>CT Corporation System</u>	
Name	
<u>c/o CT Corporation System, 1200 South Pine Island Road</u>	
Florida street address (P.O. Box <u>NOT</u> acceptable)	
<u>Plantation</u>	<u>FL 33324</u>
City, State, and Zip	

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

CT Corporation System

Carrie Boyer  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

## Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and therefore, a manager - managed company.

Merck-Medco Managed Care, L.L.C.

~~(An individual who is not a member or an authorized representative of a member of this company is not permitted to execute this document.)~~

By: David S. Machlowitz  
Signature of a member or an authorized representative of a member.

David S. Machlowitz, Senior Vice President & General Counsel  
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

By: Daniel C. Walden  
~~Signature of member or authorized representative of a member~~  
Daniel C. Walden, Senior Vice President

- FILING FEES:**
- \$ 100.00 Filing Fee for Articles of Organization
  - \$ 25.00 Designation of Registered Agent
  - \$ 30.00 Certified Copy (OPTIONAL)
  - \$ 5.00 Certificate of Status (OPTIONAL)