

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90065 022 ****50.00

DOCUMENT # L01000012800

1. Entity Name
MERCK MEDCO RX SERVICES OF FLORIDA NO. 5, L.C.

NAME CHANGE 7/17/02 MEDCO HEALTH SOLUTIONS OF HIDDEN RIVER, 1

Principal Place of Business 8800 HIDDEN RIVER PKWY. TAMPA FL 33637	Mailing Address 8800 HIDDEN RIVER PKWY. TAMPA FL 33637
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 8800 HIDDEN RIVER PARKWAY Suite, Apt. #, etc.	3. Mailing Address c/o MERCK & CO., INC. ONE MERCK DRIVE Suite, Apt. #, etc.
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City & State TAMPA, FL 33637	City & State WHITEHOUSE ST NJ 08889
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4. FEI Number 59-3736512	Applied For Not Applicable
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Zip 33637	Country USA	Zip 08889	Country USA
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5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ **FL** Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE NAME PRESIDENT ROBERT J BLYSKAL STREET ADDRESS 100PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete
TITLE NAME SENIOR VICE PRESIDENT JOANN A. REED STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete
TITLE NAME SENIOR VICE PRESIDENT DAVID J REILLY STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete
TITLE NAME SENIOR VICE PRESIDENT DANIEL C. WALDEN STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete
TITLE NAME VICE PRESIDENT JOHN J LONG STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete
TITLE NAME VICE PRESIDENT ROBERT D MAROTTA STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME VICE PRESIDENT ROBERT B MCGOVERN STREET ADDRESS ONE MERCK DRIVE CITY-ST-ZIP WHITEHOUSE STATION NJ 08889	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VICE PRESIDENT KAREN PRINCIVALLE STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VICE PRESIDENT PETER SHERMAN STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME VICE PRESIDENT JULIE WONG STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME SECRETARY DAVID S MACHLOWITZ STREET ADDRESS 100 PARSONS POND DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME ASSISTANT SECRETARY DEBRA BOLLWAGE STREET ADDRESS ONE MERCK DRIVE CITY-ST-ZIP FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607(3)(a), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: [Signature] **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/12/02

Date Daytime Phone #

CR2E083 (4/02)