

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000012800

FILED  
Mar 28, 2009  
Secretary of State

Entity Name: MEDCO HEALTH SOLUTIONS OF HIDDEN RIVER, L.C.

**Current Principal Place of Business:**

8800 HIDDEN RIVER PARKWAY  
TAMPA, FL 33637

**New Principal Place of Business:**

**Current Mailing Address:**

100 PARSONS POND DRIVE (F3-16)  
FRANKLIN LAKES, NJ 07417

**New Mailing Address:**

8800 HIDDEN RIVER PARKWAY  
TAMPA, FL 33637

FEI Number: 59-3736512

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: KLEPPER, KENNETH O  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR (X) Delete  
Name: MORIARTY, THOMAS  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR (X) Delete  
Name: RUBINO, RICHARD  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MEDCO HEALTH SOLUTIO, NS, INC.  
Address: 8800 HIDDEN RIVER PARKWAY  
City-St-Zip: TAMPA, FL 33637

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: JANE LOUIS

POA

03/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date