


FILE NOW: Fee after May 1, will be \$588.75

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97 MAY -5 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILING FEE	Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
\$ 203.75	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000001076
 MERCK-MEDCO RX SERVICES OF FLORIDA NO. 2,
 L.C.
 3504 CRAIGMONT DRIVE
 TAMPA FL 33619

1a. Principal Place of Business Address
 3504 CRAIGMONT DRIVE
 TAMPA FL 33619

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
	One Merck Drive	10/11/1996	FL
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input type="checkbox"/> Applied For
	WS2 F96	22-3474871	<input type="checkbox"/> Not Applicable
City & State	City & State	5. Date of Last Report	6. Certificate of Status Desired
	Whitehouse Station, NJ		SB 7: Additional Fee Required <input type="checkbox"/>
Zip	Zip		
	08889-0100		

7. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc. 300002171919--1
 -05/08/97--01118--038

City *****203035 *****203.75
FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MEM	KANTER, CARL I	100 SUMMIT AVE.	MONTVALE NJ
MEM	WEINSTEIN, BERT I	100 SUMMIT AVE.	MONTVALE NJ
MEM	APKER, THOMAS	100 SUMMIT AVE.	MONTVALE NJ
MEM	DORSA, CAROLINE	ONE MERCK DRIVE	WHITEHOUSE STATION NJ
MEM	Robert McGovern	ONE MERCK DRIVE	Whitehouse Station, NJ
MEM	Michael Finling	ONE MERCK DRIVE	Whitehouse Station, NJ

JBSU-97

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Robert McGovern 4/10/97 (908) 423-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #