


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company MERCK-MEDCO RX SERVICES OF FLORIDA NO. 2, L. C. ONE MERCK DRIVE WS2F96 WHITEHOUSE STATION NJ 08889-0100		DOCUMENT # L96000001076		99 MAY 18 PM 3:43 SECRETARY OF STATE TALLAHASSEE, FLORIDA 3504 CRAIGMONT DRIVE TAMPA FL 33619	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/11/1996	
City & State		City & State		3a. State of Formation FL	
Zip		Country		4. FEI Number 22-3474871 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report 05/04/1998	
				6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		
			401012887269 -05/26/99-01078-010 **** Zip Code **** 18877 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) (Former Registered Agent Signature, if applicable) (Date)					
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 N	
MEM	MCGOVERN, ROBERT	ONE MERCK DRIVE		WHITEHOUSE STATION N	
MEM	FINDLING, MICHAEL	ONE MERCK DRIVE		WHITEHOUSE STATION N	
11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), 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: <i>Robert McGovern</i> <i>Robert McGovern</i> 4/27/99 908423-1000					
SIGNATURE AND TITLE (OR PRINTED NAME) OF LIMITED LIABILITY COMPANY MEMBER OR MANAGER					