

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001076

FILED  
May 02, 2005  
Secretary of State

Entity Name: MEDCO HEALTH SOLUTIONS OF SABAL PARK, L.C.

**Current Principal Place of Business:**

3504 CRAIGMONT DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

FEI Number: 22-3474871      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

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

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/MEMBERS:**

Title: MGR      ( ) Delete  
Name: REED, JO ANN I  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR      ( ) Delete  
Name: MACHLOWITZ, DAVID S  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

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

Title: MGRM      (X) Delete  
Name: SHERMAN, PETER M  
Address: ONE PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change ( ) Addition  
Name: REED, JO ANN A  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

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

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 for the exemption stated in Section 119.07(3)(i), 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: DAVID S. MACHLOWITZ

MGR

05/02/2005

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