

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001076

FILED
Apr 13, 2006
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 ()

Name and Address of Current Registered Agent:

CT 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: REED, JO ANN A
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

ADDITIONS/CHANGES:

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 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: DAVID S. MACHLOWTIZ

MGR

04/13/2006

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