

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001669

FILED
Mar 28, 2009
Secretary of State

Entity Name: MEDCO HEALTH SOLUTIONS OF NETPARK, L.L.C.

Current Principal Place of Business:

5701 EAST HILLSBOROUGH AVE., STE. 1300
TAMPA, FL 33610

New Principal Place of Business:

5701 EAST HILLSBOROUGH AVENUE SUITE 1300
TAMPA, FL 33610

Current Mailing Address:

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

New Mailing Address:

5701 EAST HILLSBOROUGH AVENUE SUITE 1300
TAMPA, FL 33610

FEI Number: 22-3474891

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: RUBINO, RICHARD
Address: ONE 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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MEDCO HEALTH SOLUTIO, NS, INC.
Address: 5701 EAST HILLSBOROUGH AVENUE SUITE 1300
City-St-Zip: TAMPA, FL 33610

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