

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001669

FILED
Apr 09, 2010
Secretary of State

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

Current Principal Place of Business:

5701 EAST HILLSBOROUGH AVENUE SUITE 1300
TAMPA, FL 33610

New Principal Place of Business:

5701 EAST HILLSBOROUGH AVENUE, SUITE 1300
TAMPA, FL 33610

Current Mailing Address:

5701 EAST HILLSBOROUGH AVENUE SUITE 1300
TAMPA, FL 33610

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
Name: KLEPPER, KENNETH O
Address: 5701 EAST HILLSBOROUGH AVENUE, SUITE 1300
City-St-Zip: TAMPA, FL 33610

Title: MGR
Name: MORIARTY, THOMAS M
Address: 5701 EAST HILLSBOROUGH AVENUE, SUITE 1300
City-St-Zip: TAMPA, FL 33610

Title: MGR
Name: RUBINO, RICHARD J
Address: 5701 EAST HILLSBOROUGH AVENUE, SUITE 1300
City-St-Zip: TAMPA, FL 33610

I hereby 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: MICHELLE DONATO

POA

04/09/2010

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