

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001669

**FILED**  
**Apr 08, 2011**  
**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

04/08/2011

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