

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000001669

FILED
Apr 02, 2012
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 US

Current Mailing Address:

5701 EAST HILLSBOROUGH AVENUE
SUITE 1300
TAMPA, FL 33610

New Mailing Address:

5701 EAST HILLSBOROUGH AVENUE
SUITE 1300
TAMPA, FL 33610 US

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 MGR
Address: 100 PARSONS POND DR.
City-St-Zip: FRANKLIN LAKES, NJ 07417 US

Title: MGR
Name: MORIARTY, THOMAS M MGR
Address: 100 PARSONS POND DR.
City-St-Zip: FRANKLIN LAKES, NJ 07414 US

Title: MGR
Name: RUBINO, RICHARD J MGR
Address: 100 PARSONS POND DR.
City-St-Zip: FRANKLIN LAKES, NJ 07417 US

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

04/02/2012

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