

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90693 010 ****50.00

DOCUMENT # M01000001669

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



Principal Place of Business
**5701 EAST HILLSBOROUGH AVE., STE. 1300
TAMPA FL 33610**

Mailing Address
**5701 EAST HILLSBOROUGH AVE., STE. 1300
TAMPA FL 33610**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
100 PARSONS POND DR.
Suite, Apt. #, etc.
TAX DEPT. FI-5A
City & State
FRANKLIN LAKES NJ
Zip Country
07417 USA

4. FEI Number **22-3474891** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
MGR	BLYSKAL, ROBERT J	C/O 100 PARSONS POND DR	FRANKLIN LAKES NJ 07417	<input type="checkbox"/>
MGR	DORSA, CAROLINA	C/O ONE MERCK DR	WHITEHOUSE STATION NJ 08999	<input type="checkbox"/>
MGR	REED, JOANN	C/O PARSONS POND DR	FRANKLIN LAKES NJ 07417	<input type="checkbox"/>
MGR	MACHLOWITZ, DAVID S	C/O 100 PARSONS POND DR	FRANKLIN LAKES NJ 07417	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	MGR	100 PARSONS POND DR.	FRANKLIN LAKES, NJ 07417	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Robert J Blyskal* **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-29-03 201-269-3400
Date Daytime Phone #

CR2E083 (10/02)