2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2008
Secretary of State

DOCUMENT# M05000001714

Entity Name: MEDCO AT HOME, L.L.C.

Current Principal Place of Business:

100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417

New Principal Place of Business:

Current Mailing Address:

100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417

New Mailing Address:

FEI Number: 05-0619053 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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 ( ) Delete
Name: MACHIOWITZ, DAVID S
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR ( ) Delete
Name: MCINTOSH, COLLEEN
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: MORIARTY, THOMAS
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR (X) Change ( ) Addition
Name: RUBINO, RICHARD
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

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: CRYSTAL FICKEN POA 06/04/2008

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