

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000000768

**FILED**  
**Apr 02, 2012**  
**Secretary of State**

**Entity Name:** MEDCO HEALTH, L.L.C.

**Current Principal Place of Business:**

100 PARSONS POND DRIVE  
FRANKLIN LAKES, NJ 07417

**New Principal Place of Business:**

100 PARSONS POND DRIVE  
FRANKLIN LAKES, NJ 07417 US

**Current Mailing Address:**

100 PARSONS POND DRIVE  
FRANKLIN LAKES, NJ 07417

**New Mailing Address:**

100 PARSONS POND DRIVE  
FRANKLIN LAKES, NJ 07417 US

**FEI Number:** 41-2063830

**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 DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417 US

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

Title: MGR  
Name: RUBINO, RICHARD J MGR  
Address: 100 PARSONS POND DRIVE  
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