


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b> 97 JUN 10 AM 10:34 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: <b>FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company <b>Par Prescription, LLC.</b> <del>MERCK CO. PAID, L.T.C.</del> 5373 SOUTH ARVILLE LAS VEGAS NV 89118		<b>DOCUMENT #</b> M96000000459		1a. Principal Place of Business Address 5373 SOUTH ARVILLE LAS VEGAS NV 89118	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business 100 Summit Avenue Suite, Apt. #, etc.		2a. Mailing Address One Merck Drive Suite, Apt. #, etc. WSA F96		3. Date Organized or Qualified 11/20/1996	
City & State Montvale, NJ		City & State Whitehouse Station, NJ		3a. State of Formation NV	
Zip 07645		Zip 08889-0100		4. FEI Number 22-3461737	
Country USA		Country USA		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City	
				400002213614--3 -057161000-01168--002 *FL*203.75 ***203.75	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.					
SIGNATURE _____				DATE _____	
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title		Managing Members/Managers		Business Street Address	
		City, State and Zip Code			
MGR	DORSA, CAROLINE	ONE MERCK DRIVE		WHITEHOUSE STATION NJ	
MGR	KANTER, CARL I	100 SUMMIT AVE.		MONTVALE NJ	
MGR	WEINSTEIN, BERT I	5373 SOUTH ARVILLE		LAS VEGAS NV	
MGR	APKER, THOMAS	5373 SOUTH ARVILLE		LAS VEGAS NV	
mgr	Robert McGovern	One Merck Drive		Whitehouse Station, NJ	
mgr	Michael Findling	One Merck Drive		Whitehouse Station, NJ	
4/10-12-97					
11. I do 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 annual 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 60B, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.					
SIGNATURE: <i>RB McGovern</i>				Date: 4/10/97 (908) 423-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER				Date Daytime Phone #	