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May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000083613 (6)

1. Corporation Name  
MEDCO HEALTH SERVICES, INC.



Principal Place of Business Mailing Address  
C/O KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET, 28TH FLOOR  
MIAMI FL 33131 C/O KTG&S REGISTERED AGENT CORPORATION  
100 S.E. 2ND STREET, 28TH FLOOR  
MIAMI FL 33131-2100

3. Date Incorporated or Qualified 10/30/1985  
3a. Date of Last Report 05/01/1996

2. Principal Place of Business 2a. Mailing Address  
21 State Apt. # etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FET Number 65-0626702 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent  
KTG&S REGISTERED AGENT CORPORATION  
100 SOUTH EAST 2ND STREET  
28TH FLOOR  
MIAMI FL 33131  
10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 the corporation's board of directors. I hereby accept the appointment as registered agent and I am aware of and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE DATE (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS  
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE DPST  
1.2 NAME KELLY, WILLIAM J  
1.3 STREET ADDRESS 122 PONCE DE LEON BLVD.  
1.4 CITY-ST-ZIP CORAL GABLES FL 33135  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

RW  
5-15-97

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-05/28/97--01102--043  
\*\*\*165.00

14. 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 contained in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation; the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 12 if changed by an attachment with an address.

SIGNATURE: William J. Kelly, Pres. # 576-1414

CR2E034 (9/96)