I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: WILLIAM J WILD

Electronic Signature of Signing Officer/Director Detail

Р

06/30/2020

Certificate of Status Desired: No

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

Officer/Director Detail :

TitlePNameWILD, WILLIAM JAddressP O BOX 1151City-State-Zip:DEERFIELD BEACH FL 33443

2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000067629

Entity Name: MEDCO HEALTHCARE SERVICES DIRECT CORP

Current Principal Place of Business:

550 FAIRWAY DRIVE 105 DEERFIELD BEACH, FL 33441

Current Mailing Address:

P O BOX 1151 DEERFIELD BEACH, FL 33443 US

FEI Number: 47-3151595

Name and Address of Current Registered Agent:

WILD, WILLIAM J 550 FAIRWAY DRIVE 105 DEERFIELD BEACH, FL 33441 US FILED Jun 30, 2020 Secretary of State 5091630868CC

Date

Date