

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**FILED**  
**Feb 06 1997 8:00am**  
**Secretary of State**

**DOCUMENT # 851950 (6)**

1. Corporation Name  
**CAREMARK INC.**

Principal Place of Business  
**2215 SANDERS ROAD  
SUITE 400  
NORTHBROOK IL 60062**

Mailing Address  
**2215 SANDERS ROAD  
SUITE 400  
NORTHBROOK IL 60062-6114**



2. Principal Place of Business  
21 **2211 Sanders Road**

2a. Mailing Address  
26 **3000 Galleria Tower**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **Northbrook, IL**

28 **Birmingham, AL**

Zip

Country

Zip

Country

24 **60062**

25 **USA**

29 **35244**

30 **USA**

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

3. Date Incorporated or Qualified  
**02/24/1982**

3a. Date of Last Report  
**05/01/1996**

4. FEI Number  
**95-3382344**

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

10. Name and Address of New Registered Agent

81 Name **The Prentice-Hall Corporation System, Inc.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**1201 Hays Street**

83

84 City **Tallahassee**

**FL**

85 Zip Code **32301**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **Attached is a copy of the change of registered agent statement**

SIGNATURE

Signature of person or persons named as registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **CCEO** ☒ DELETE  
NAME **PICCOLO, C.A. LANCE**  
STREET ADDRESS **2215 SANDERS RD. #400**  
CITY-ST-ZIP **NORTH BROOK IL**

TITLE **PCOO** ☐ DELETE  
NAME **CONNELLY, JAMES G III**  
STREET ADDRESS **2215 SANDERS RD. #400**  
CITY-ST-ZIP **NORTHBROOK IL**

TITLE **V** ☒ DELETE  
NAME **PELLETTIERE, JOHN**  
STREET ADDRESS **2215 SANDERS ROAD #400**  
CITY-ST-ZIP **NORTHBROOK IL**

TITLE **VP** ☒ DELETE  
NAME **BOOTH, JAMES**  
STREET ADDRESS **2215 SANDERS RD.**  
CITY-ST-ZIP **NORTHBROOK IL**

TITLE **T** ☒ DELETE  
NAME **OWCZARSKI, DENNIS R.**  
STREET ADDRESS **2215 SANDERS RD. #400**  
CITY-ST-ZIP **NORTH BROOK IL**

TITLE **AT** ☐ DELETE  
NAME **GORE, ANDREW**  
STREET ADDRESS **2215 SANDERS RD.**  
CITY-ST-ZIP **NORTHBROOK IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **CCEOD** ☐ Change ☒ Addition  
12 NAME **Larry R. House**  
13 STREET ADDRESS **3000 Galleria Tower, Suite 1000**  
14 CITY-ST-ZIP **Birmingham, AL 35244**

21 TITLE **P** ☒ Change ☐ Addition  
22 NAME **James G. Connelly, III**  
23 STREET ADDRESS **2211 Sanders Road**  
24 CITY-ST-ZIP **Northbrook, IL 60062**

31 TITLE **VTD** ☐ Change ☒ Addition  
32 NAME **Harold O. Knight, Jr.**  
33 STREET ADDRESS **3000 Galleria Tower, Suite 1000**  
34 CITY-ST-ZIP **Birmingham, AL 35244**

41 TITLE **SD** ☐ Change ☒ Addition  
42 NAME **Tracy P. Thrasher**  
43 STREET ADDRESS **3000 Galleria Tower, Suite 1000**  
44 CITY-ST-ZIP **Birmingham, AL 35244**

51 TITLE **AT** ☒ Change ☐ Addition  
52 NAME **Andrew Gore**  
53 STREET ADDRESS **2211 Sanders Road**  
54 CITY-ST-ZIP **Northbrook, IL 60062**

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**Tracy P. Thrasher**

**(205) 733-8996**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)