

2005 FOR PROFIT CORPORATION ANNUAL REPORT


FILED

05 MAY -6 AM 9:29

CLERK OF STATE
TALLAHASSEE, FLORIDA



05052005 Chg-P CR2E034 (10/03)

DOCUMENT # 851950					
1. Entity Name CAREMARK INC.					
Principal Place of Business 2211 SANDERS RD NORTHBROOK, IL 60062 US			Mailing Address 211 COMMERCE STREET 8TH FLOOR NASHVILLE, TN 37201 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 95-3382344	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS ST SUITE 105 TALLAHASSEE, FL 32301				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCARDINA, RICHARD 2211 SANDERS ROAD NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	400054031634	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD GOLDING, DAVID W 2211 SANDERS ROAD NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD FINLEY, SARA J 211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T ISLEY, CONNIE M 2211 SANDERS RD. NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEOD FRAZIER, A.D. JR. 2211 SANDERS RD NORTHBROOK, IL 60062	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Howard A. McHure 211 Commerce Street, Suite 800 Nashville, TN 37201	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Bradley S. Karro 211 Commerce Street, Suite 800 Nashville, TN 37201	
12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Denise Sommer</u> Denise Sommer, Asst. Corp. Secretary 5/5/05 615 743 6620					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 357763 7416132

AUTHORIZATION :

Patricia Leggett

COST LIMIT : \$ 550.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:23 PM

ORDER NO. : 357763-040

CUSTOMER NO: 7416132

CUSTOMER: Gina R. Clark
Caremark Rx, Inc.
8th Floor
211 Commerce St.
Nashville, TN 37201

ANNUAL REPORT FILING

NAME: CAREMARK INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____

RECEIVED
05 MAY -6 PM 3:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA