


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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0044987 AT

DOCUMENT # 851950

1. Entity Name
CAREMARK INC.



FILED
03 JAN 31 AM 8:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business
**2211 SANDERS RD
NORTHBROOK IL 60062
US**

Mailing Address
**3000 GALLERIA TOWER
STE 1000
BIRMINGHAM AL 35244
US**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **95-3382344** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

CHECK HERE IF MAKING CHANGES **03**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
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	VD GOLDING, DAVID W 2211 SANDERS ROAD NORTHBROOK IL 60062 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINELY, SARA J 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input type="checkbox"/> Delete
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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	A.D. Frazier, Jr. CEO + Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2211 Sanders Rd. Northbrook, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	400011600314 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Sara J. Finely* **SIGNATURE REQUIRED** *Sara J. Finely* **1-28-03** **(203) 733-8996**
Date Daytime Phone #

CR2E034 (10/02)

2012



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 915369 4390339

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 150.00

ORDER DATE : January 31, 2003

ORDER TIME : 2:14 PM

ORDER NO. : 915369-045

CUSTOMER NO: 4390339

CUSTOMER: Ms. Susan Lester
Caremark Rx, Inc.
Suite 1000
3000 Galleria Tower
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: CAREMARK, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Ginger Simmons-EXT#1139

EXAMINER'S INITIALS: _____

RECEIVED
03 JAN 31 PM 3:41
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA