


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By September 8, 2004

DOCUMENT # B03000000190		
1. Entity Name ADVANCEPCS HEALTH, L.P.		
Principal Place of Business 750 WEST JOHN CARPENTER FREEWAY, STE 1200 IRVING, TX 75039		Mailing Address 750 WEST JOHN CARPENTER FREEWAY, STE 1200 IRVING, TX 75039

FILED

2004 AUG 25 PM 3:09

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



2. Principal Place of Business 9501 East Shea Boulevard		3. Mailing Address 211 Commerce Street	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 800	
City & State Scottsdale AZ		City & State Nashville TN	
Zip 85260	Country USA	Zip 37201	Country USA

08112004 Chg-LP CR2E003 (10/03)

4. FEI Number 75-2882129	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		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

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions as Shown on record. **\$0.00**

10. Amount of Capital Contributions in FLORIDA to date.

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION		13. ADDRESS CHANGES ONLY	
DOCUMENT #	M03000001777	STREET ADDRESS	
NAME	ADVANCEPCS HEALTH SYSTEMS, LLC	CITY-ST-ZIP	900040461099
STREET ADDRESS	750 WEST JOHN CARPENTER FREEWAY, STE 1200		
CITY-ST-ZIP	IRVING, TX 75039		
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NAME		CITY-ST-ZIP	
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STREET ADDRESS			
CITY-ST-ZIP			

STAPLE CHECK HERE

14. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: Sara J. Finley **8/12/04** **615-743-6620**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #