
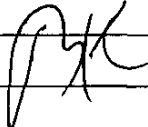



**2005 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By September 7, 2005**

FILED  
 05 MAY -9 PM 3:25  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

<b>DOCUMENT # B03000000190</b> 1. Entity Name <b>ADVANCEPCS HEALTH, L.P.</b>					
Principal Place of Business <b>9501 EAST SHEA BOULEVARD          SCOTTSDALE, AZ 85260</b>			Mailing Address <b>211 COMMERCE STREET, SUITE 800          NASHVILLE, TN 37201</b>		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip		City & State Zip		4. FEI Number <b>75-2882129</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY          1201 HAYS STREET          TALLAHASSEE, FL 32301-2525</b>			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.</small>					
9. Capital Contributions as Shown on record. <b>\$0.00</b>			10. Amount of Capital Contributions in FLORIDA to date. <b>\$0.00</b>		
<b>A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.</b> <b>NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.</b>					
12. GENERAL PARTNER INFORMATION			13. ADDRESS CHANGES ONLY		
DOCUMENT #	M03000001777		STREET ADDRESS	9501 E. Shea Blvd	
NAME	ADVANCEPCS HEALTH SYSTEMS, LLC		CITY - ST - ZIP	Scottsdale AZ 85260	
STREET ADDRESS	750 WEST JOHN CARPENTER FREEWAY, STE 1200		STREET ADDRESS		
CITY - ST - ZIP	IRVING, TX 75039		CITY - ST - ZIP		
DOCUMENT #			STREET ADDRESS	100054090071	
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
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DOCUMENT #			STREET ADDRESS		
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DOCUMENT #			STREET ADDRESS		
NAME			CITY - ST - ZIP		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		
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					
<b>SIGNATURE: X</b> 			Advance PCS Health Systems, LLC, General Partner By: Denise Sommer, Asst. Corp. Secretary		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>			<small>Date 6-5-05 Daytime Phone # 615-743-6620</small>		

STAPLE CHECK HERE



CORPORATION SERVICE COMPANY

1303 0000 60190

ACCOUNT NO. : 072100000032

REFERENCE : 357763 -7416132

AUTHORIZATION : *Patricia Tzuts*

COST LIMIT : \$ 541.25

ORDER DATE : May 6, 2005

ORDER TIME : 5:09 PM

ORDER NO. : 357763-085

CUSTOMER NO: 7416132

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

RECEIVED  
05 MAY -9 AM 8:49  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

*BA*

ANNUAL REPORT FILING

NAME: ADVANCEPCS HEALTH, L.P.

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: \_\_\_\_\_

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