2004 FOR PROFIT CORPORATION ANNUAL REPORT

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615-743-6620 Daytime Phone #

ANNUAL REPORT										
DOCUMENT # F0300005494 1. Entity Name ACCORDANT HEALTH SERVICES, INC.						H	FI 04 AUG	LED 17 PH	3: 16	
Principal Place of Business 4900 KOGER BLVD., SUITE 300 GREENSBORO, NC 27407		Mailing Address 750 W. JOHN CARPENTER FREEWAY, SUITE 1200 IRV8ING, TX 75039		1200		SEORETA Tallahas	SSEE, FL	ORIDA	II I	
2. Principal Place of Business		3. Mailing Address 211 Commerce Street								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08112004	Chg-P	CR2E03	4 (10/03)		
City & State	9	City & State Nachville IN			4. FEI Number 56-1913	577			plied For t Applicable	
Zip	Country	Zip 37201	Coun	SA		5. Certificate of	Status Desired		8.75 Addi ee Required	
	Name and Address of Current I	Registered Agent				7. Name and A	ddress of New Re	egistered Ag	ent	
				Name						
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Street Address (P.O. Box Number is Not Acceptable)						
				City				FL	Zip Code	·
	named entity submits this statement for ions of registered agent.	the purpose of changing its	register	ed office or re	egistered	agent, or both,	in the State of Flo	rida. I am fa	miliar with, a	and accept
SIGNATURE_	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registere	nd Agent signature n	required wh	nen reinstating)		DATE		
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004 9. Election Campaign Financing \$5.00 May 8e Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND	L DIRECTORS	11.			ADDITIONS/C	HANGES TO OFFI	CERS AND I	DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD Delete TI No. 5 750 W. JOHN CARPENTER FREEWAY, SUITE 1200 ST		TITLI NAM STRE	HE H	President + Director Change Ac Howard A. McLure Suite 800 211 Commerce Street Suite 800 Nashville TN 37201					☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,			EET ADDRESS 6	Dad 211 C Nash	wille TN	arro -street S 1 37201	inte 80		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.00 111 0.111 0.111 0.111			EET ADDRESS 6	211 (Nas	العااس	irector o Stuet N 3120	Sente	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS SHEARER, SHAWN 750 W. JOHN CARPENTER FRE IRVING, TX 75039	© Delete EWAY, SUITE 1200		EET ADDRESS 7	eter ZII (urer g. Cleme commer hortle	us TV ie Strie TN 312	+ Sui	□ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HOUK, STEPHEN 750 W. JOHN CARPENTER FRE IRVING, TX 75039	(X) Delete		II			,		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	СПУ	AE EET ADDRESS 7-ST-ZIP					□ Change	☐ Addition
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor, or on an attachment with an address, v	true and accurate and that nowered to execute this report	ny signa as requi	iture shall have	/e the sa	me legal effect :	as if made under d	oath; that I ar	n an officer	or director

Sana J. Finley 8/12/04
SIGNATURE AND TYPEDOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:



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ACCOUNT	NΟ		072100000032
ACCOUNT	NO.	:	0/2100000032

REFERENCE : 851091

7416132

AUTHORIZATION

COST LIMIT : \$ 550.00

ORDER DATE: August 17, 2004

ORDER TIME : 2:15 PM

ORDER NO. : 851091-005

CUSTOMER NO: 7416132

CUSTOMER: Gina R. Clark

Caremark Rx, Inc.

8th Floor

211 Commerce St.

Nashville, TN 37201

ANNUAL REPORT FILING

NAME: ACCORDANT HEALTH SERVICES, INC

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	ASSE PSSE	17	ì
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	RPORATION E. FLORIDA	PH 2: 41	ון ר

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: