

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000005494

1. Entity Name
ACCORDANT HEALTH SERVICES, INC.



Principal Place of Business
4900 KOGER BLVD., SUITE 300
GREENSBORO, NC 27407

Mailing Address
211 COMMERCE STREET, SUITE 800
NASHVILLE, TN 37201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05052005

Chg-P

CR2E034 (10/03)

4. FEI Number
56-1913577

Applied For
Not Applicable

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME MCCLURE, HOWARD A
STREET ADDRESS 211 COMMERCE STREET, STE. 800
CITY-ST-ZIP NASHVILLE, TN 37201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME KARRO, BRADLEY S
STREET ADDRESS 211 COMMERCE STREET, STE. 800
CITY-ST-ZIP NASHVILLE, TN 37201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 400054031714
CITY-ST-ZIP

TITLE VSD ☐ Delete
NAME FINLEY, SARA J
STREET ADDRESS 211 COMMERCE STREET, STE. 800
CITY-ST-ZIP NASHVILLE, TN 37201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME CLEMENS, PETER J IV
STREET ADDRESS 211 COMMERCE STREET, STE. 800
CITY-ST-ZIP NASHVILLE, TN 37201

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Denise Sommer

Denise Sommer, Asst. Corp. Secretary

5-5-05

615-743-6620

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 357763 7416132

AUTHORIZATION :

Patricia Leggett

COST LIMIT : \$ 550.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:25 PM

ORDER NO. : 357763-055

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

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 - 8 PM 3:04
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA