


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006318 1. Entity Name CHOICE SOURCE, INC.						FILED 04 AUG 17 PM 3:18 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201				Mailing Address 211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number 43-1762547				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW!!! FEE IS \$550.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD FRAZIER, A D JR. 2211 SANDERS ROAD NORTHBROOK, IL 60062 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President David Golding 2211 Sanders Road Northbrook, IL 60062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD, President MCLURE, HOWARD A 211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Bradley S. Karro 211 Commerce Street Suite 800 Nashville, TN 37201 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS FINLEY, SARA J 211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201 <input type="checkbox"/> Delete			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"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	300040262483 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			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"/> Delete			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: <u>Sara J. Finley</u> <u>8/12/04</u> <u>615-743-6620</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 851091 7416132

AUTHORIZATION

Patricia Pizuto

COST LIMIT : \$ 550.00

ORDER DATE : August 17, 2004

ORDER TIME : 2:16 PM

ORDER NO. : 851091-010

CUSTOMER NO: 7416132

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

ANNUAL REPORT FILING

NAME: CHOICE SOURCE, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

EXAMINER'S INITIALS: _____

RECEIVED
04 AUG 17 PM 2:44
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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