

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F03000006318

1. Entity Name
CHOICE SOURCE, INC.



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
909 East Collins Boulevard

3. Mailing Address

Suite, Apt. #, etc.

Suite 102

Suite, Apt. #, etc.

City & State

Richards TN

City & State

Zip

75081

Country

US

Zip

Country

05052005

Chg-P

CR2E034 (10/03)

4. FEI Number
43-1762547

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
GOLDING, DAVID
2211 SANDERS ROAD
NORTHBROOK, IL 60062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PVD
MCLURE, HOWARD A
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
FINLEY, SARA J
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
KARRO, BRADLEY S
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
200054031732

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

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

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

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

Denise Sommer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Denise Sommer, Asst. Corp Secretary

5-5-05

Date

615 743 6620

Daytime Phone #

FILED

05 MAY -6 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA





CORPORATION SERVICE COMPANY'

ACCOUNT NO. : 072100000032

REFERENCE : 357763 7416132

AUTHORIZATION :

Patricia Light

COST LIMIT : \$ 550.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:28 PM

ORDER NO. : 357763-060

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.

DEPARTMENT OF TREASURY
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 MAY - 6 PM 3:04

RECEIVED

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: _____