

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

Py 1/82

DOCUMENT # **F95000000020 (6)**

1. Corporation Name

CAREMARK PHYSICIAN SERVICES INC.



Principal Place of Business

Mailing Address

**2215 SANDERS ROAD
NORTHBROOK IL 60062**

**2215 SANDERS ROAD
NORTHBROOK IL 60062**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

01/03/1995

3a. Date of Last Report

4. FEI Number

36-3943883

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME **DVS**
STREET ADDRESS **SCHUMAN, THOMAS R**
CITY-ST-ZIP **2215 SANDERS ROAD
NORTHBROOK IL 60062**

1.1 TITLE **AT** ☐ Change ☒ Addition
1.2 NAME **GORE, ANDREW**
1.3 STREET ADDRESS **2215 SANDERS ROAD**
1.4 CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MUNSON, DIANE L**
CITY-ST-ZIP **2211 SANDERS ROAD
NORTHBROOK IL 60062**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **HODSON, THOMAS W**
CITY-ST-ZIP **2215 SANDERS ROAD
NORTHBROOK IL 60062**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **CONNELLY, JAMES G III**
CITY-ST-ZIP **2215 SANDERS ROAD
NORTHBROOK IL 60062**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **OWCZARSKI, DENNIS R**
CITY-ST-ZIP **2215 SANDERS ROAD
NORTHBROOK IL 60062**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Andrew Gore**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/96 (847) 559-4700
Daytime Phone #

CR2E034 (12/95)

CAREMARK PHYSICIAN SERVICES, INC.
(a Delaware corporation)
F.E.I.N. #36-3943883

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OFFICERS:

<u>OFFICE</u>	<u>OFFICER</u>	<u>S.S. #</u>	<u>BUSINESS ADDRESS</u>
Chairman & Chief Executive Officer	C.A. (Lance) Piccolo	032-30-2325	2215 Sanders Road Northbrook, Illinois 60062
President	James G. Connelly III	285-40-3465	2215 Sanders Road Northbrook, Illinois 60062
Senior Vice President & Chief Financial Officer	Thomas W. Hodson	165-40-2170	2215 Sanders Road Northbrook, Illinois 60062
Secretary	OPEN		
Vice President & Controller	John M. Pellettiere	330-44-8586	2215 Sanders Road Northbrook, Illinois 60062
Vice President	Kent J. De Lucenay	309-54-2380	2215 Sanders Road Northbrook, Illinois 60062
Vice President	Diane L. Munson	325-44-1861	2215 Sanders Road Northbrook, Illinois 60062
Treasurer	Dennis R. Owczarski	360-34-8356	2215 Sanders Road Northbrook, Illinois 60062
Assistant Secretary	Robert F. Smith	325-58-9987	2215 Sanders Road Northbrook, Illinois 60062
Assistant Secretary	Nancy K. Bellis	085-52-6908	2215 Sanders Road Northbrook, Illinois 60062
Assistant Secretary	David W. Lobdell	389-78-6878	2215 Sanders Road Northbrook, Illinois 60062
Assistant Secretary	Nancy M. McNulty	323-26-7343	2215 Sanders Road Northbrook, Illinois 60062
Assistant Treasurer	Andrew M. Gore	352-38-5296	2215 Sanders Road Northbrook, Illinois 60062
Assistant Treasurer	Thomas O. Lenhart	277-32-2728	2215 Sanders Road Northbrook, Illinois 60062

DIRECTORS:

Thomas W. Hodson	SEE ABOVE
Diane L. Munson	SEE ABOVE
Dennis R. Owczarski	SEE ABOVE

As of 4/10/96