

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

04 FEB -4 PM 5: 08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



<b>DOCUMENT # F95000000020</b> 1. Entity Name <b>MEDPARTNERS PHYSICIAN SERVICES, INC.</b>					
Principal Place of Business <b>2211 SANDERS RD NORTHBROOK, IL 60062 US</b>			Mailing Address <b>3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM, AL 35244 US</b>		
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Mailing Address <b>211 Commerce Street</b> Suite, Apt. #, etc. <b>8th Floor</b> City & State <b>Nashville, TN</b> Zip                      Country <b>37201                      USA</b>			
4. FEI Number <b>36-3943883</b>		Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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 <i>Deborah D. Skipper</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Deborah D. Skipper</b> <small>(NOTE: Must be Asst. V. Pres. or higher officer when reinstating)</small>		DATE <b>2/13/04</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVPD KARRO, BRADLEY S 3000 GALLERIA TOWER, STE 100 BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	211 Commerce Street 8th Floor Nashville TN 37201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINELY, SARA J 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	211 Commerce Street, 8th Floor Nashville TN 37201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCLURE, HOWARD A 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	211 Commerce Street, 8th Floor Nashville TN 37201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ISLEY, CONNIE M 2211 SANDERS RD NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	Change    Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	Change    Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Change    Addition	Change    Addition

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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: *Sam J. Finley*    *Sara J. Finley*    1-28-04    615-743-6600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR                      Date                      Daytime Phone #



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 422215 7416132

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 150.00

ORDER DATE : February 3, 2004

ORDER TIME : 3:15 PM

ORDER NO. : 422215-030

CUSTOMER NO: 7416132

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

ANNUAL REPORT FILING

NAME: MEDPARTNERS PHYSICIAN  
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: Susie Knight - Ext. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED.  
04 FEB -3 AM 8 46  
DIVISION OF CORPORATION