

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F95000000020

1. Entity Name
MEDPARTNERS PHYSICIAN SERVICES, INC.



FILED
05 MAY -6 AM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
2211 SANDERS RD
NORTHBROOK, IL 60062 US

Mailing Address
211 COMMERCE STREET
8TH FLOOR
NASHVILLE, TN 37201 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05052005 Chg-P CR2E034 (10/03)

City & State

City & State

4. FEI Number
36-3943883

Applied For
Not Applicable

Zip

Country

Zip

Country

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 ST
TALLAHASSEE, FL 32301

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
800054031698 ☐ Change ☐ Addition

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

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

TITLE
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STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Delete

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☐ 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)(f), 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 Legitt

COST LIMIT : \$ 550.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:24 PM

ORDER NO. : 357763-050

CUSTOMER NO: 7416132

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

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

05 MAY - 6 PM 3:04

RECEIVED

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: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____