



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F96000000770 1. Entity Name CAREMARK RX, INC.						FILED 06 JUN 23 PM 1:31 700076522517 	
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. City & State Zip Country				3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 63-1151076				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 SUITE 105 TALLAHASSEE, FL 32301				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006				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	CEO CRAWFORD, EDWIN M P 211 COMMERCE STREET, SUITE 800 NASHVILLE, TN 37201	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	VFC WEEKS, MARK S 2211 SANDERS ROAD NORTHBROOK, IL 60062	<input type="checkbox"/> Delete	TITLE	SVPC 211 Commerce Street, Suite 800 Nashville, TN 37201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	VP MCLURE, HOWARD A 211 COMMERCE STREET, STE 800 NASHVILLE, TN 37201	<input type="checkbox"/> Delete	TITLE	SEVP + COO Howard A. Mcclure	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	SVPS FINLEY, SARA J 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete	TITLE	211 Commerce Street, Suite 800 Nashville, TN 37201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	EVP HARDIN, EDWARD L JR. 3000 GALERIA TOWER, SUITE 1000 BIRMINGHAM, AL 35244	<input type="checkbox"/> Delete	TITLE	211 Commerce Street, Suite 800 Nashville, TN 37201	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE	EVP CFO Peter J. Clemens IV 211 Commerce Street, Suite 800 Nashville, TN 37201	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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>Denise Sommer</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>							
Asst. Corp. Secretary <small>Date</small>							
6/13/06 615-743-6600 <small>Daytime Phone #</small>							



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 196990 7416132
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 550.00

ORDER DATE : June 21, 2006
ORDER TIME : 7:10 PM
ORDER NO. : 196990-020
CUSTOMER NO: 7416132

ANNUAL REPORT FILING

NAME: CAREMARK RX, 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: _____

RECEIVED
06 JUN 23 AM 8:56
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA