2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000002939

Address:

City-St-Zip:

Entity Name: TDI MANAGED CARE SERVICES, INC.

FILED Feb 03, 2005 Secretary of State

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Current Principal Place of Business:			New Princ	New Principal Place of Business:		
620 EPSILON DR PITTSBURGH, PA 152382876 US			ONE CVS WOONSO	DRIVE CKET, RI 02895	US	
Current Mailing Address:			New Mailing Address:			
POB 10001 A/2-720 DALLAS, TX 75301 US			ONE CVS DRIVE WOONSOCKET, RI 02895 US			
FEI Number:	: 51-0353040	FEI Number Applied For ()	FEI Number Not Appl	icable () Cer	rtificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:		
1200 SOU PLANTATI The above	PORATION SYS TH PINE ISLAN ION, FL 33324 named entity se of Florida.	ND ROAD	urpose of changing i	ts registered office	or registered agent, or both,	
SIGNATUR	RE:					
		ic Signature of Registered Ager	nt		Date	
Election Car	npaign Financing	Trust Fund Contribution ().				
OFFICERS	S AND DIREC	rors:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	AS () VAWRINEK, JE 6501 LEGACY I PLANO, TX 750	OR .	Title: Name: Address: City-St-Zip:	PD (X) Cha WEISHAR, GREGOI 695 GEORGE WASI LINCOLN, RI 02865	HINGTON HIGHWAY	
Title: Name: Address: City-St-Zip:	VSD () LEWIS, R E 8333 BRYAN D LARGO, FL 33		Title: Name: Address: City-St-Zip:	VPTD (X) Cha BUCKLEY, JOHN M 695 GEORGE WASI LINCOLN, RI 02865	HINGTON HIGHWAY	
Title: Name: Address: City-St-Zip:	P () MARASCO, FA 8333 BRYAN DA LARGO, FL 333		Title: Name: Address: City-St-Zip:	VPSD (X) Cha LANKOWSKY, ZENO ONE CVS DRIVE WOONSOCKET, RI		
Title: Name: Address: City-St-Zip:	SVPD () MILLER, DP 8333 BRYAN D LARGO, FL 33		Title: Name: Address: City-St-Zip:	AS (X) Cha LUKER, MELANIE K ONE CVS DRIVE WOONSOCKET, RI		
Title: Name:	()	Delete	Title: Name:	AS () Cha	nge (X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

ONE CVS DRIVE WOONSOCKET, RI 02895

SIGNATURE: MELANIE K. LUKER, ASST. SECY. AS 02/03/2005