200 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

		,			1		, –	Υ'	
DOCUMENT # F9600006900 1. Entity Name MEDPARTNERS ACQUISITION CORPORATION					ſ	FILED	'	,	
					01 JAN 17 AM 8: 37				
Principal Place of Business Mailing Address					Severe LARY OF STATE				
1000 GALLERIA TOWER, STE. 1000 BIRMINGHAM AL 35244		3000 GALLERIA TOWER, STE. 1000 BIRMINGHAM AL 35244		TALL.	AHASSEE, FI	_ORIDA			
		<i>?</i>			 	1 4 1116 1 1711 12 111 10 111 1		6)	
2. Principal Place of Business		3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE					
City & State		City & State	City & State		4. FEI Number	63-1144220	 		oplied For ot Applicable
Zip Country		Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current	Registered Agent			7. Name and A	Address of New R			
Corporation Service Company				Name					
	HAYS STREET		Stre	Street Address (P.O. Box Number is Not Acceptable)					
TALLAHASSEE FL 32301									
			City	/			FL	Zip Cod	e
8. The above	e named entity submits this statement for	or the purpose of changing its	registered offi	ce or register	ed agent, or both	, in the State of Flo	rida.	<u>i</u>	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		After MAY 1, 200	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Star		Trus	tion Campaign Fina t Fund Contribution			0 May Be
11.	OFFICERS AND		12.	IVPD	ADDITIONS/C	HANGES TO OFFI			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD DICKERSON, JAMES H JR. 3000 GALLERIA TOWER, STE. 10 BIRMINGHAM AL 35244	□ Delete 0	TITLE NAME STREET ADDR CITY-ST-ZIP	Howa 3000	ard A. Mo	Tower, St	_	Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINLEY, SARA J 3000 GALLERIA TOWER, STE. 10 BIRMINGHAM AL 35244	□ Delete	TITLE NAME STREET ADDR	BESS	9.18117	116	_	Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WINGFIELD, C. CLARK JR. 3000 GALLERIA TOWER, STE. 10 BIRMINGHAM AL 35244	⊠ Delete	TITLE NAME STREET ADDR	1			[Change	Addition
TITLE		☐ Delete	TITLE		,		נ	Change	☐ Addition
name Street address City-St-Zip			NAME STREET ADDR CITY-ST-ZIP		00	100035	5394	40-	2
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ESS	- A-10		[⊡¦Ĉhange (Standdition
indicated of the cor	certify that the information supplied with l on this report or supplemental report is poration or the receiver or trustee empo , or on an attachment with an address,	s true and accurate and that mo owered to execute this report a	iv signature sh	iall have the s	ame legal effect :	as if made under o	ath: that I am	i an officer.	or director



ACCOUNT NO. : 07210000032

REFERENCE

AUTHORIZATION

COST LIMIT

ORDER DATE :

January 16, 2001

ORDER TIME : 2:31 PM

ORDER NO. : 965856-025

CUSTOMER NO:

4390339

CUSTOMER: Ms. Susan Lester

Caremark Rx, Inc. 3000 Galleria Tower

Suite 1000

Birmingham, AL 35244

ANNUAL REPORT FILING

NAME:

MEDPARTNERS ACQUISITION

CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX __ PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

EXAMINER'S INITIALS: