

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F96000006900

1. Entity Name
MEDPARTNERS ACQUISITION CORPORATION

APPROVED
AND
FILED

02 FEB -5 AM 11:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
3000 GALLERIA TOWER, STE. 1000 3000 GALLERIA TOWER, STE. 1000
BIRMINGHAM AL 35244 BIRMINGHAM AL 35244

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEE Number 63-1144220 Applied For Not Applicable

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 STREET
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD
NAME DICKERSON, JAMES H JR.
STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ Delete

TITLE PTD
NAME James H. Dickerson, Jr.
STREET ADDRESS 2811 Sanders Rd.
CITY-ST-ZIP Northbrook, IL 60062 ☒ Change ☐ Addition

TITLE VSD
NAME FINLEY, SARA J
STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ Delete

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

TITLE VPD
NAME MCLURE, HOWARD A
STREET ADDRESS 3000 GALLERIA TOWER, STE. 1000
CITY-ST-ZIP BIRMINGHAM AL 35244 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP 200004880972--5 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-24-02

(205) 733-8996

Date

Daytime Phone #

CR2E034 (9/01)

0603204 AT



ACCOUNT NO. : 072100000032

REFERENCE : 347442 4390339

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 150.00

ORDER DATE : February 5, 2002

ORDER TIME : 10:40 AM

ORDER NO. : 347442-015

CUSTOMER NO: 4390339

CUSTOMER: Ms. Susan Lester
Caremark Rx, Inc.
3000 Galleria Tower
Suite 1000
Birmingham, AL 35244

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

02 FEB -5 AM 11:23

RECEIVED

ANNUAL REPORT FILING

NAME: MEDPARTNERS ACQUISITION
CORPORATION

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. 1156

EXAMINER'S INITIALS: _____