



# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # F96000006900</b> 1. Entity Name <b>MEDPARTNERS ACQUISITION CORPORATION</b>						<b>FILED</b> <b>04 FEB -3 PM 5: 02</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>3000 GALLERIA TOWER, STE. 1000 BIRMINGHAM, AL 35244</b>				Mailing Address <b>3000 GALLERIA TOWER, STE. 1000 BIRMINGHAM, AL 35244</b>			
2. Principal Place of Business <b>211 Commerce Street</b> Suite, Apt. #, etc. <b>8th Floor</b>		3. Mailing Address <b>211 Commerce Street</b> Suite, Apt. #, etc. <b>8th Floor</b>					
City & State <b>Nashville TN</b>		City & State <b>Nashville TN</b>		4. FEI Number <b>63-1144220</b>		Applied For <input type="checkbox"/> Not Applicable	
Zip <b>37201</b>		Country <b>USA</b>		Zip <b>37201</b>		Country <b>USA</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
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. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">           SIGNATURE <u><i>Deborah D Skipper</i></u>  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <b>Deborah D. Skipper</b>  <b>Asst. V. Pres.</b> </div> <div style="width: 30%; text-align: right;"> <b>2/3/04</b>  <small>DATE</small> </div> </div>							
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD KARRO, BRADLEY S 3000 GALLERIA TWR., SUITE 1000 BIRMINGHAM, AL 35244			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>211 Commerce Street, 8th Floor</b> <b>Nashville, TN 37201</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINLEY, SARA J 3000 GALLERIA TOWER, STE. 1000 BIRMINGHAM, AL 35244			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>211 Commerce Street, 8th Floor</b> <b>Nashville, TN 37201</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MCLURE, HOWARD A 3000 GALLERIA TOWER, STE. 1000 BIRMINGHAM, AL 35244			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>211 Commerce Street, 8th Floor</b> <b>Nashville, TN 37201</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100028171781</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.							
SIGNATURE: <u><i>Sara J. Finley</i></u> <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<u><i>Sara J. Finley</i></u> <small>Date</small>			
1-28-04				615-743-6600 <small>Daytime Phone #</small>			



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032  
REFERENCE : 422215 7416132  
AUTHORIZATION : *Patricia*  
COST LIMIT : \$ 150.00

ORDER DATE : February 3, 2004

ORDER TIME : 2:59 PM

ORDER NO. : 422215-005

CUSTOMER NO: 7416132

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

RECEIVED  
01 FEB -3 PM 4:21  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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. 2956

EXAMINER'S INITIALS: \_\_\_\_\_