

1/2

Handwritten signature/initials.

04 AUG 17 AM 10: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Mailing Address  
750 W JOHN CARPENTER  
#1200  
IRVING, TX 75039

3. Mailing Address  
211 Commerce Street

Suite, Apt. #, etc.  
Suite 800

City & State  
Nashville TN

Zip 37201

Country  
USA

CR2E034 (10/03)

4. FEI Number  
63-1222539

Applied For
Not Applicable

### 5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required

7. Name and Address of New Registered Agent

Name \_\_\_\_\_

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code
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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**9. Election Campaign Financing Trust Fund Contribution.**

**\$5.00** May Be  
Added to Fees

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President and Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Howard A. McLure		
STREET ADDRESS	211 Commerce Street, Suite 800		
CITY-ST-ZIP	Nashville TN 37201		

TITLE	VP, Secretary and Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Sara J. Finley		
STREET ADDRESS	211 Commerce Street, Suite 800		
CITY-ST-ZIP	Nashville, TN 37201		

TITLE	VP and Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Bradley S. Karro		
STREET ADDRESS	211 Commerce Street, Suite 800		
CITY-ST-ZIP	Nashville, TN 37201		

TITLE	Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Peter J. Clemens		
STREET ADDRESS	211 Commerce Street, Suite 800		
CITY-ST-ZIP	Nashville, TN 37201		

TITLE	Assistant Treasurer	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	Greg Gierwielaniec		
STREET ADDRESS	950 East Shea Blvd		
CITY-ST-ZIP	Scottsdale AZ 85260		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	600040266586
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sara J. Finley  
OFFICER OR DIRECTOR

8-11-04

615 743 6600

Date \_\_\_\_\_

Daytime Phone #



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 851091 7416132

AUTHORIZATION :

*Patricia Pizeto*

COST LIMIT : \$ 550.00

ORDER DATE : August 17, 2004

ORDER TIME : 2:33 PM

ORDER NO. : 851091-025

CUSTOMER NO: 7416132

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

ANNUAL REPORT FILING

NAME: ADVANCEPCS MAIL SERVICES OF  
BIRMINGHAM, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward-EXT#2935

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

RECEIVED  
04 AUG 17 PM 4:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA