## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**SIGNATURE:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # F99000003891 FILED 1. Entity Name ADVANCEPCS MAIL SERVICES OF BIRMINGHAM, INC. 05 MAY -6 AM 9: 49 Principal Place of Business Mailing Address CLETARY OF STATE 2700 MILAN COURT 211 COMMERCE STREET BIRMINGHAM, AL 35211 SUITE 800 NASHVILLE, TN 37201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 05052005 Cha-P City & State 4. FELNumber Applied For City & State 63-1222539 Not Applicable Zip Country Zip Country \$8.75 Additional $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301 Zip Code City FL 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 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 \$5.00 May Be FILE NOWIII FEE IS \$550.00 Trust Fund Contribution. Due by September 7, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PD ☐ Change ☐ Delete TITLE TITLE NAME MCCLURE, HOWARD A NAME 200054031812 211 COMMERCE STREET, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37201 CITY-ST-ZIP VSD Addition TITLE ☐ Defete TITLE ☐ Channe FINLEY, SARA J NAME NAME 211 COMMERCE STREET, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37201 CITY-ST-ZIP TITLE VD Delete TITLE ☐ Change ☐ Addition KARRO, BRADLEY S NAME NAME STREET ADDRESS 211 COMMERCE STREET, SUITE 800 STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37201 CITY-ST-ZIP ☐ Delete TITLE П Спалое ☐ Addition TITLE CLEMENS, PETER J NAME NAME 211 COMMERCE STREET, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37201 CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition AT TITLE GIERWIELANIEC, GREG NAME NAME 211 COMMERCE STREET, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NASHVILLE, TN 37201 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 attaphreent with an address, with all other like empowered. Denise Sommer, Asst. Corp. Secretary 5-5-05



ACCOUNT NO. : 072100000032

REFERENCE : 357763 7416132

AUTHORIZATION

COST LIMIT : \$ 550.00

ORDER DATE: May 6, 2005

ORDER TIME : 2:32 PM

ORDER NO. : 357763-075

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: Sara Lea-EXT#2914

EXAMINER'S INITIALS: