

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 22, 2002 8:00 am
Secretary of State

09-22-2002 90065 022 ****50.00

DOCUMENT # L01000012800

1. Entity Name
MERCK MEDCO RX SERVICES OF FLORIDA NO. 5, L.C.

NAME CHANGE 7/17/02 MEDCO HEALTH SOLUTIONS OF HIDDEN RIVER, 1

Principal Place of Business
**8800 HIDDEN RIVER PKWY.
 TAMPA FL 33637**

Mailing Address
**8800 HIDDEN RIVER PKWY.
 TAMPA FL 33637**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

8800 HIDDEN RIVER PARKWAY
 Suite, Apt. #, etc.

3. Mailing Address

c/o MERCK & CO., INC.
 Suite, Apt. #, etc.
ONE MERCK DRIVE

City & State

TAMPA, FL 33637

City & State

WHITEHOUSE ST NJ 08889

4. FEI Number

59-3736512

Applied For

Not Applicable

Zip

33637

Country

USA

Zip

08889

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT ROBERT J BLYSKAL 100PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT B MCGOVERN ONE MERCK DRIVE WHITEHOUSE STATION NJ 08889 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT JOANN A. REED 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT KAREN PRINCIVALLE 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT DAVID J REILLY 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT PETER SHERMAN 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SENIOR VICE PRESIDENT DANIEL C. WALDEN 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JULIE WONG 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT JOHN J LONG 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY DAVID S MACHLOWITZ 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ROBERT D MAROTTA 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASSISTANT SECRETARY DEBRA BOLLWAGE ONE MERCK DRIVE FRANKLIN LAKES NJ 07417 <input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 615.97(3)(a), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

REQUIRED

9/12/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (4/02)