


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90693 008 ****50.00

DOCUMENT # L01000012800

1. Entity Name
MEDCO HEALTH SOLUTIONS OF HIDDEN RIVER, L.C.



Principal Place of Business - **8800 HIDDEN RIVER PARKWAY
TAMPA FL 33637**

Mailing Address **C/O MERCK & CO., INC.
ONE MERCK DRIVE
WHITEHOUSE STATION NJ 08889**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
**100 PARSONS POND DRIVE
Suite, Apt. #, etc.
TAX DEPT., FL-5A**

City & State
FRANKLIN LAKES, NJ

Zip **07417** Country **U.S.A.**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

4. FEI Number **59-3736512** Applied For Not Applicable

5. Certificate of Status Desired **\$5.00 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

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLYSKAL, ROBERT J <input type="checkbox"/> Delete 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP REED, JOANN A <input type="checkbox"/> Delete 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP REILLY, DAVID J <input type="checkbox"/> Delete 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP WALDEN, DANIEL C <input type="checkbox"/> Delete 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LONG, JOHN J <input type="checkbox"/> Delete 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MAROTTA, ROBERT D <input type="checkbox"/> Delete 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 119.07(3)(i), 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: *Robert D Marotta* **REQUIRED** **4/28/03** **201-269-3400**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)