


# 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

10. ADDITIONS/CHANGES	
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)