
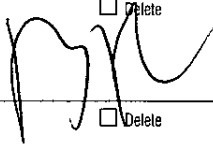


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L03000001274 1. Entity Name CAREMARK MIRAMAR PHARMACY, LLC			
Principal Place of Business 3000 GALLERIA TOER, STE. 1000 BIRMINGHAM, AL 35244		Mailing Address 3000 GALLERIA TOER, STE. 1000 BIRMINGHAM, AL 35244	
2. Principal Place of Business 211 Commerce Street Suite, Apt. #, etc. 8th Floor City & State Nashville TN Zip 37201 Country USA		3. Mailing Address 211 Commerce Street Suite, Apt. #, etc. 8th Floor City & State Nashville TN Zip 37201 Country USA	
4. FEI Number 01212004 Chg-LLC		CR2E083 (10/03) Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		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: <u>Deborah D. Skipper</u> Deborah D. Skipper 2/3/04 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered agent must be a resident of the State of Florida.)</small>	
Filing Fee is \$50.00 Due by May 1, 2004		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete 	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition President A.D. Frazier, Jr. 211 Sanders Road Northbrook, Illinois 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President + Secretary Sara J. Finley 211 Commerce Street, 8th Floor Nashville, TN 37201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Vice President David Golding 211 Sanders Road Northbrook, IL 60062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 900028171709
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	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: <u>Sara J. Finley</u> Sara J. Finley <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		1-28-04 615-743-6600 <small>Date Daytime Phone #</small>	

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04 FEB -3 AM 10:06
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA





L030000001274

ACCOUNT NO. : 072100000032

REFERENCE : 422215-7416132

AUTHORIZATION : *Patricia Knight*

COST LIMIT : \$ 50.00

ORDER DATE : February 3, 2004

ORDER TIME : 3:02 PM

ORDER NO. : 422215-025

CUSTOMER NO: 7416132

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

BK

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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RECEIVED

ANNUAL REPORT FILING

NAME: CAREMARK MIRAMAR PHARMACY, LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight-EXT#2956

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA