


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 MAY -6 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000001274</b>	
1. Entity Name <b>CAREMARK FLORIDA MAIL PHARMACY, LLC</b>	

Principal Place of Business <b>211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201</b>	Mailing Address <b>211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201</b>
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2. Principal Place of Business <b>15800 SW 25th Street</b>	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miramar, FL</b>	City & State
Zip <b>33027</b>	Country <b>US</b>



05052005 Chg-LLC CR2E083 (10/03)

4. FEI Number <b>95-3382344</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_

<b>Filing Fee is \$50.00 Due by September 7, 2005</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P FRAZIER, A D JR. 2211 SANDERS ROAD NORTHBROOK, IL 60062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM Caremark Mail Pharmacy, LLC 2211 Sanders Road Northbrook, IL 60062 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS FINLEY, SARA J 211 COMMERCE STREET, 8TH FLOOR NASHVILLE, TN 37201 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V GOLDING, DAVID 211 SANDERS ROAD NORTHBROOK, IL 60062 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	800054031938 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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.

<b>SIGNATURE:</b> <i>Denise Sommer</i>	<i>Caremark Mail Pharmacy, LLC, sole member</i> <i>By: Denise Sommer, Authorized Agent</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE	Date <b>5-5-05</b> Daytime Phone # <b>615 703 6620</b>



CORPORATION SERVICE COMPANY

L03000001274

ACCOUNT NO. : 072100000032

REFERENCE : 35763 7416132

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:17 PM

ORDER NO. : 357763-010

CUSTOMER NO: 7416132

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

BK

FILED  
05 MAY -6 AM 11:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CAREMARK FLORIDA MAIL  
PHARMACY, LLC

RECEIVED  
05 MAY -6 PM 3:01  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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: \_\_\_\_\_