

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED  
04 FEB -3 AM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # L03000001295</b> 1. Entity Name <b>CAREMARK TAMPA PHARMACY, LLC</b>					
Principal Place of Business <b>3000 GALLERIA TOWER, STE. 1000 BIRMINGHAM, AL 35244</b>			Mailing Address <b>3000 GALLERIA TOWER, STE. 1000 BIRMINGHAM, AL 35244</b>		
2. Principal Place of Business <b>211 Commerce Street</b> Suite, Apt. #, etc. <b>8th Floor</b> City & State <b>Nashville TN</b> Zip <b>37201</b>		3. Mailing Address <b>211 Commerce Street</b> Suite, Apt. #, etc. <b>8th Floor</b> City & State <b>Nashville TN</b> Zip <b>37201</b>			
4. FEI Number <b>01212004</b>				Chg-LLC      CR2E083 (10/03)	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
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		
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 <i>Deborah D Skipper</i> <b>Deborah D. Skipper</b> <b>2/13/04</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required when reinstating)</small> DATE					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>		<b>Asst. V. Pres.</b>	
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	
[Empty Row]			President <b>A.D. Frazier, Jr.</b> <b>2211 Sanders Road</b> <b>Northbrook, IL 60062</b>		
[Empty Row]			Vice President + Secretary <b>Sara J. Finley</b> <b>211 Commerce Street, 8th Floor</b> <b>Nashville, TN 37201</b>		
[Empty Row]			Vice President <b>David Golding</b> <b>2211 Sanders Road</b> <b>Northbrook, IL 60062</b>		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
[Empty Row]			[Empty Row]		
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: <i>Sam J. [Signature]</i> <i>Sara J. Finley</i> <b>1-28-04</b> <b>615-743-6600</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #</small>					



CORPORATION SERVICE CO

# L03000001295

ACCOUNT NO. : 072100000032

REFERENCE : 422215 7416132

AUTHORIZATION :

*Patricia Pigato*

COST LIMIT : \$ 50.00

FILED  
04 FEB -3 PM 10:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : February 3, 2004

ORDER TIME : 3:02 PM

ORDER NO. : 422215-020

CUSTOMER NO: 7416132

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

*BK*

RECEIVED  
04 FEB -3 PM 4:21  
DEF. ATTORNEY GENERAL  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CAREMARK TAMPA 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: \_\_\_\_\_