

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

05 MAY -6 AM 11:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000001295

1. Entity Name
CAREMARK TAMPA PHARMACY, LLC



Principal Place of Business
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201

Mailing Address
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201

2. Principal Place of Business
221 Sanders Road
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State
Northbrook IL
Zip
60062
Country
US

City & State
Zip
Country

05052005 Chg-LLC CR2E083 (10/03)

4. FEI Number
95-3382344

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

BSK

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
FRAZIER, A D JR.
2211 SANDERS ROAD
NORTHBROOK, IL 60062 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VS
FINLEY, SARA J
211 COMMERCE STREET, 8TH FLOOR
NASHVILLE, TN 37201 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GOLDING, DAVID
2211 SANDERS ROAD
NORTHBROOK, IL 60062 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D
Howard A. McLure
211 Commerce Street, Suite 800
Nashville TN 37201 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
100054031901 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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: Denise Sommer, Asst. Corp. Secretary
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5-5-05

Date

615-743-6620

Daytime Phone #



CORPORATION SERVICE COMPANY

L030000001295

ACCOUNT NO. : 072100000032

REFERENCE : 357763 7416132

AUTHORIZATION :

Patricia Papp

COST LIMIT : \$ 50.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:16 PM

ORDER NO. : 357763-005

CUSTOMER NO: 7416132

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

BK

05 MAY - 6 AM 11:22
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 MAY - 6 PM 3:01
RECEIVED
DEPARTMENT OF STATE
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: Sara Lea-EXT#2914

EXAMINER'S INITIALS: _____