

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**

2006 JUN 23 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
800076522508

DOCUMENT # L03000001295

1. Entity Name  
CAREMARK FLORIDA SPECIALTY PHARMACY, LLC



Principal Place of Business  
2211 SANDERS ROAD  
NORTHBROOK, IL 60062

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

2. Principal Place of Business  
7430 Woodland Center Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 500

City & State

City & State

Tampa FL

Zip 33614

Country

Zip

Country

06132006 Chg-LLC CR2E083 (11/05)

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

7. Name and Address of New Registered Agent

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

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 6, 2006

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE PD  
NAME MCLURE, HOWARD A  
STREET ADDRESS 211 COMMERCE STREET, SUITE 800  
CITY-ST-ZIP NASHVILLE, TN 37201 ☒ Delete

TITLE  
NAME Member: MGRM  
STREET ADDRESS Caremark Florida Specialty Pharmacy Holding, LLC  
CITY-ST-ZIP 7430 Woodland Center Blvd., Suite 500  
Tampa, FL 33614 ☐ Change ☒ Addition

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

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☒ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Derise Sommer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Derise Sommer  
Authorized Agent

6-13-06 615-743-6600

Date

Daytime Phone #



CORPORATION SERVICE COMPANY

L030000001295

ACCOUNT NO. : 072100000032

REFERENCE : 196990 7416132

AUTHORIZATION :

COST LIMIT : \$ 50.00

2006 JUN 23 AM 11:10  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

ORDER DATE : June 21, 2006

ORDER TIME : 7:09 PM

ORDER NO. : 196990-015

CUSTOMER NO: 7416132

BK

ANNUAL REPORT FILING

NAME: CAREMARK FLORIDA SPECIALTY  
PHARMACY, LLC

06 JUN 23 AM 8:56  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

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: \_\_\_\_\_