2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L96000001075 1. Entity Name OO MAY 30 AM 9: 27 MERCK-MEDCO RX SERVICES OF FLORIDA, L.C. SECRETARY OF STATE TALL AHASSEE, FLORIDA Principal Place of Business Mailing Address MERCK & CO., INC. 8408 BENJAMIN ROAD ONE MERCK DR., WS2F96 **TAMPA FL 33634** WHITEHOUSE STATION NJ 08889-3400 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-3474869 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 700003290197-FILE NOW!!! FEE IS \$50.00 -06/15/00--01009--002 Make Check Payable to Department of State *****55 00 ****55,00 ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. PRESZ DENT Change Addition TITLE MEM TITLE Detects ROBERTBINSKAIMER NAME KANTER, CARL I NAME 100 PARSONS Pond Drive 100 SUMMIT AVE. STREET ADDRESS STREET ADDRESS CITY- ST- ZIP MONTVALE NJ 07645 CITY-8T-ZIP FRANKLINLAKIS NJ 0741 MEM BERT I WEINSTEIN Change Addition TITLE Detecto TITLE NAME MAME WEINSTEIN, BERT I ONE MERCK DREVE STREET ADDRESS STREET ADDRESS 100 SUMMIT AVE. CITY-ST-ZIP CITY- ST- ZIP MONTVALE NJ 07645 P8880 TN NOITATS 32UUH 3TIHW Addition Addition . TITLE MEM-Delete TITLE -WEW-Change JO. ANN REED 100 PARSONS PONO Drive BAME --APKER: THOMAS ---NAME STREET ADDRESS STREET ADDRESS 100 SUMMIT AVE. CITY- ST-ZIP FRANKLIN LAKES NJ OTYIT CITY- ST- ZEP MONTVALE NJ 07645 Colition Addition MEM ☐ Delete TITLE TITLE NAME DORSA, CAROLINE MAME STREET ADDRESS ONE MERCK DRIVE STREET ANDRESS CITY- ST- 11P WHITEHOUSE STATION NJ 07645 CITY- ST- 21P ☐ Delate TITLE ☐ Change Addition TITLE. MFM NAME MCGOVERN, ROBERT ONE MERCK DRIVE STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY-ST-ZIP WHITEHOUSE STATION NJ 07645 Change Addition TITLE Oelete NAME STREET ADDRESS STREET ADDRESS

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.

11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

SIGNATURE:

SIGNATURE PREDICE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4-26-2000

APPROVED

902-423-4113

Daytime Phone #