2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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DOCUMENT L9600001075 1. Entity Name MERCK-MEDCO RX SERVICES OF FLORIDA, L.C.			•				FILE	D			
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						S	ECRETARY (OF STAT	E		
Principal Plac	e of Business	Mailing Address				TA	ECRETARY (LLAHASSEE	. FLORI	ĎΑ		
8408 BENJAMIN ROAD MERCK & CO., INC.								1			
TAMPA FL 33634 ONE MERCK DR., WS								•			
		WHITEHOUSE STATION	IJ 0888	9-0100		1111111	el elo lello diell aello di	BALL A Š ili) a b all a	eis i (1811 88 11)	1 201 2 11 1 01 1	
2. Principal Place of Business 3.		3. Mailing Address				1 (E101 (1011 00111	1000) 0111 1001	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State		City & State			4.	FEI Numbe	22-3474869	9 1		oplied For	
Zip Country		7:	Country						 	ot Applicable	
		Zip		Country		5. Certificate of Status Desired			\$5.00 Additional Fee Required		
	6. Name and Address of Current R	legistered Agent	l		7.	Name and	Address of New F	1 +			
OT OODD	ODATION OVOTEM	÷ .		Name		. >		\ -	**		
CT CORPORATION SYSTEM				Street A	ddress (P.O.	(P.O. Box Number is Not Acceptable)					
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324											
FUNITION	ON 1 C 33324					<u>-</u>			T		
				City		•		FL	Zip Coc	le	
8. The above	named entity submits this statement for	the purpose of changing its	registe	ered office or	registered a	gent, or bot	h, in the State of Fl	orida.	•		
								•			
SIGNATURE	Signature, typed or printed name of registered agent an	nd title if applicable. (NOT	E: Registe	ered Agent signatu	ire required when	reinstating) :		DATE			
			0.4/11					1			
		Make Check Pa		! FEE IS \$ to Departs		ata					
		make onesk i	iyabic	to bepart	mont of ou	" /		!			
9.	MANAGING MEMBER		10	0.		· · · · · · · · · · · · · · · · · · ·	ADDITIONS	/CHANGES			
TITLE NAME	MGR BLYSKAL, ROBERT I	☐ Delete		TLE .				'	Change	Addition	
STREET ADDRESS	100 PARSONS POND DRIVE			TREET ADDRESS							
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417		CI	TY-ST-ZIP							
TITLE	MEM	☐ Delete	Tī	TLE					Change .	Addition	
NAME STREET ADDRESS	WEINSTEIN, BERT 1 ONE MERCK DRIVE			AME FREET ADDRESS			soogg	## ## ## ## ## ## ## ## ## ## ## ## ##	71175	-019 U	
CITY-ST-ZIP	WHITE HOUSE STATION NJ 0888	9		TY-ST-ZIP			***	**\$5.00	*******	*55.00	
TITLE	MEM .	☐ Delete	TI	TLE					☐ Change	☐ Addition	
NAME	REED, JOANN			AME				1			
STREET ADDRESS CITY-ST-ZIP	100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417	,	1	TREET ADDRESS TY-ST-ZIP				i i			
TITLE	MEM	☐ Delete	_	TLE	•			1	Change	Addition	
NAME	DORSA, CAROLINE		N/	AME .					_ ,	_	
STREET ADDRESS CITY-ST-ZIP	ONE MERCK DRIVE WHITEHOUSE STATION NJ 07645			REET ADDRESS TY-ST-ZIP				1			
TITLE *	MEM	Delete	-	TLE .				•	Change	☐ Addition	
NAME -	MCGOVERN, ROBERT	L. Delete		ME .					☐ Change	☐ AUGILION	
STREET ADDRESS	ONE MERCK DRIVE			REET ADDRESS							
CITY-ST-ZIP	WHITEHOUSE STATION NJ 07645			TY-ST-ZIP			··· ·	:	· <u></u> ;		
TITLE NAME		☐ Delete		rle Me					Change	☐ Addition	
STREET ADDRESS				REET ADDRESS							
CITY-ST-ZIP				TY-ST-ZIP							
11. I hereby o	certify that the information supplied with the	his filing does not qualify for	the ex	emption state	ed in Section	119.07(3)(i), Florida Statutes.	I further cert	ify that the i	nformation	
limited lial	on this report is true and accurate and the bility company or the receiver or trustee of the company or the receiver or trustee of the company or the receiver or trustee of the company or the company or the receiver or trustee of the company or t	empowered to execute this	eport	ne required b	л аз іг піаде y Chapter 60	unuer oatn;)8, Florida S	्रास्य । am a manaq tatutes.	ying membe	or manage	er or the	

Robert McGovern Vice President 908-423-1000

Daytime Phone #

Directors, Officers Report

Merck-Medco Rx Services of Florida, L.C.

Wednesday, April 04, 2001

OFFICERS

Robert J. Blyskal Caroline Dorsa David S. Machlowitz JoAnn A. Reed Robert J. Blyskal Thomas A. DiDonato Mark C. Proulx Daniel C. Walden Robert O. Wuestoff JoAnn A. Reed David J. Reilly John J. Long Robert D. Marotta Robert B. McGovern Peter Sherman George L. Shiebler Caroline Dorsa David S. Machlowitz Debra Bollwage Nancy V. Van Allen Daniel C. Walden

Manager Manager Manager Manager President

Senior Vice President, Human Resources Senior Vice President, Pharmacy Operations

Senior Vice President, Regulatory & Managed Care Programs

Senior Vice President, Customer Service

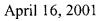
Senior Vice President - Finance

Senior Vice President - Labor Relations Vice President - Professional Practices Vice President, Regulatory Counsel

Vice President - Taxes Vice President - Contracts Vice President - Contracts

Treasurer Secretary

Assistant Secretary Assistant Secretary Assistant Secretary





Secretary of State Corporations Division PO Box 6327 Tallahassee FL 32314-6327

Subject:

Merck Medco RX Services of Florida, LC

2001 Annual Report

Dear Gentlemen:

As you requested, we have completed and enclosed the above for filing, together with our check in full payment of the tax, if any is shown to be due.

As acknowledgment of receipt, please sign the duplicate of this letter and return it in the enclosed reply envelope.

Sincerely,

Cathy Hartman

Sr. Tax Specialist - Domestic Compliance

Ph (908) 423-4132 Fx (908) 735-1281

<u>\$55.00</u>

MMRXFL 9-1(01)