

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # L96000001075**

1. Entity Name

MERCK-MEDCO RX SERVICES OF FLORIDA, L.C.

Principal Place of Business

**8408 BENJAMIN ROAD
TAMPA FL 33634**

Mailing Address

**MERCK & CO., INC.
ONE MERCK DR., WS2F96
WHITEHOUSE STATION NJ 08889-0100**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

22-3474869

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

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGR	<input type="checkbox"/> Delete
NAME	BLYSKAL, ROBERT I	
STREET ADDRESS	100 PARSONS POND DRIVE	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	

TITLE	MEM	<input checked="" type="checkbox"/> Delete
NAME	WEINSTEIN, BERT I	
STREET ADDRESS	ONE MERCK DRIVE	
CITY-ST-ZIP	WHITE HOUSE STATION NJ 08889	

TITLE	MEM	<input type="checkbox"/> Delete
NAME	REED, JOANN	
STREET ADDRESS	100 PARSONS POND DRIVE	
CITY-ST-ZIP	FRANKLIN LAKES NJ 07417	

TITLE	MEM	<input type="checkbox"/> Delete
NAME	DORSA, CAROLINE	
STREET ADDRESS	ONE MERCK DRIVE	
CITY-ST-ZIP	WHITEHOUSE STATION NJ 07645	

TITLE	MEM	<input type="checkbox"/> Delete
NAME	MCGOVERN, ROBERT	
STREET ADDRESS	ONE MERCK DRIVE	
CITY-ST-ZIP	WHITEHOUSE STATION NJ 07645	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Manager	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David S. Machlowitz	
STREET ADDRESS	100 Parsons Pond Drive	
CITY-ST-ZIP	Franklin Lakes NJ 07417	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:**REQUIRED****Robert B. McGovern****4/24/02****908-423-1000**

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

Date

Daytime Phone #

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90135 030 ****50.00

961720

DO NOT WRITE IN THIS SPACE

CR2E083 (9/01)