

# 2002 UNIFORM BUSINESS REPORT (UBR)

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

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

**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**

**961720**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**22-3474869**

Applied For

Not Applicable

Zip

Country

Zip

Country

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  Delete  
 NAME **MGR BLYSKAL, ROBERT I**  
 STREET ADDRESS **100 PARSONS POND DRIVE**  
 CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

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

TITLE  Delete  
 NAME **MEM WEINSTEIN, BERT I**  
 STREET ADDRESS **ONE MERCK DRIVE**  
 CITY-ST-ZIP **WHITE HOUSE STATION NJ 08889**

TITLE  Change  Addition  
 NAME **Manager**  
 STREET ADDRESS **David S. Machlowitz**  
 CITY-ST-ZIP **100 Parsons Pond Drive**  
**Franklin Lakes NJ 07417**

TITLE  Delete  
 NAME **MEM REED, JOANN**  
 STREET ADDRESS **100 PARSONS POND DRIVE**  
 CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **MEM DORSA, CAROLINE**  
 STREET ADDRESS **ONE MERCK DRIVE**  
 CITY-ST-ZIP **WHITEHOUSE STATION NJ 07645**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **MEM MCGOVERN, ROBERT**  
 STREET ADDRESS **ONE MERCK DRIVE**  
 CITY-ST-ZIP **WHITEHOUSE STATION NJ 07645**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  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:** *Robert B. McGovern* **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 #

CR2E083 (9/01)