

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90693 009 ****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**

2. Principal Place of Business

3. Mailing Address

100 PARSONS POND DR.

Suite, Apt. #, etc.

TAX DEPT. F1-5A

City & State

FRANKLIN LAKES NJ

Zip

07417

Country

USA

4. FEI Number **22-3474869**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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. 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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **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 **MGR** ☐ Delete
NAME **MACHLOWITZ, DAVID S**
STREET ADDRESS **100 PARSONS POND DR**
CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

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

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

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

TITLE **MEM** ☐ Delete
NAME **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: *[Signature]* **REQUIRED**

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

4-30-03

Date

201-269-3406

Daytime Phone #

CR2E083 (10/02)