


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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|---|---------------------------|--|---|---|--|
| LIMITED LIABILITY COMPANY ANNUAL REPORT 1998 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | | FILED 96 MAY -4 PM 2: 10 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 188.75 | | Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L96000001076 MERCK-MEDCO RX SERVICES OF FLORIDA NO. 2, L.C. ONE MERCK DRIVE WS2F96 WHITEHOUSE STATION NJ 08889-0100 | | 1a. Principal Place of Business Address 3504 CRAIGMONT DRIVE TAMPA FL 33619 | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip | | 2a. Mailing Address Suite, Apt. #, etc. City & State Zip | | 3. Date Organized or Qualified 10/11/1996 4. FEI Number 22-3474871 5. Date of Last Report 05/05/1997 | |
| | | | | 3a. State of Formation FL <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable 6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | | 8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) 500002516585-- 8 Suite, Apt. #, etc. -05/08/98--01012--019 ***188.75 ***188.75 City FL Zip Code | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 10. Title | Managing Members/Managers | Business Street Address | | City, State and Zip Code | |
| MEM | KANTER, CARL I | 100 SUMMIT AVE. | | MONTVALE NJ | |
| MEM | WEINSTEIN, BERT I | 100 SUMMIT AVE. | | MONTVALE NJ | |
| MEM | APKER, THOMAS | 100 SUMMIT AVE. | | MONTVALE NJ | |
| MEM | DORSA, CAROLINE | ONE MERCK DRIVE | | WHITEHOUSE STATION N | |
| MEM | MCGOVERN, ROBERT | ONE MERCK DRIVE | | WHITEHOUSE STATION N | |
| MEM | FINDLING, MICHAEL | ONE MERCK DRIVE | | WHITEHOUSE STATION N | |
| 11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: <u><i>Michael Findling</i></u> <u><i>4/28/98</i></u> <u><i>908-423-1000</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #</small> | | | | | |