

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L96000001076

1. Entity Name

MERCK-MEDCO RX SERVICES OF FLORIDA NO. 2, L.C.

Principal Place of Business

3504 CRAIGMONT DRIVE  
TAMPA FL 33619

Mailing Address

ONE MERCK DRIVE  
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

22-3474871

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 NAME STREET ADDRESS CITY-ST-ZIP	MEM REED, JO ANN I 100 PARSONS POND ROAD FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WEINSTEIN, BERT I ONE MERCK DR WHITEHOUSE STATION NJ 08889	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM BLYSKAL, ROBERT 100 PARSONS POND ROAD FRANKLIN LAKES NJ 07417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM DORSA, CAROLINE ONE MERCK DRIVE WHITEHOUSE STATION NJ 08889	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM MCGOVERN, ROBERT ONE MERCK DRIVE WHITEHOUSE STATION NJ	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEM WALDEN, DANIEL 100 PARSONS POND DR WHITEHOUSE STATION NJ 08889	<input type="checkbox"/> Delete

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

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

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

4/24/02

Date

908-423-1000

Daytime Phone #

FILED  
May 22, 2002 8:00 am  
Secretary of State

05-22-2002 90218 041 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

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CR2E083 (9/01)