

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L96000001076

FILED  
Aug 27, 2004  
Secretary of State

**Entity Name:** MEDCO HEALTH SOLUTIONS OF SABAL PARK, L.C.

**Current Principal Place of Business:**

3504 CRAIGMONT DRIVE  
TAMPA, FL 33619

**New Principal Place of Business:**

**Current Mailing Address:**

100 PARSONS POND DR  
TAX DEPARTMENT  
FRANKLIN LAKES, NJ 07417

**New Mailing Address:**

100 PARSONS POND DR (F3-16)  
FRANKLIN LAKES, NJ 07417

**FEI Number:** 22-3474871

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MEM ( ) Delete  
Name: REED, JO ANN I  
Address: 100 PARSONS POND ROAD  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR ( ) Delete  
Name: MACHLOWITZ, DAVID S  
Address: 100PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MEM ( ) Delete  
Name: BLYSKAL, ROBERT  
Address: 100 PARSONS POND ROAD  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MEM ( ) Delete  
Name: DORSA, CAROLINE  
Address: ONE MERCK DRIVE  
City-St-Zip: WHITEHOUSE STATION, NJ 08889

Title: MEM (X) Delete  
Name: MCGOVERN, ROBERT  
Address: ONE MERCK DRIVE  
City-St-Zip: WHITEHOUSE STATION, NJ

Title: MEM (X) Delete  
Name: WALDEN, DANIEL  
Address: 100 PARSONS POND DR  
City-St-Zip: WHITEHOUSE STATION, NJ 08889

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: REED, JO ANN I  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR (X) Change ( ) Addition  
Name: MACHLOWITZ, DAVID S  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR (X) Change ( ) Addition  
Name: KLEPPER, KENNETH O  
Address: 100 PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGRM (X) Change ( ) Addition  
Name: SHERMAN, PETER M  
Address: ONE PARSONS POND DRIVE  
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: PETER M. SHERMAN

MGRM

08/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date