

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

05-05-2003 90693 007 \*\*\*\*50.00

**DOCUMENT # L96000001076**

1. Entity Name

**MEDCO HEALTH SOLUTIONS OF SABAL PARK, 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

**100 PARSONS POND DR.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**TAX DEPT FL-5A**

City & State

City & State

**FRANKLIN LAKES NJ**

Zip

Country

Zip

**07417**

Country

**USA**

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. 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 **MEM** ☐ Delete  
NAME **REED, JO ANN I**  
STREET ADDRESS **100 PARSONS POND ROAD**  
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 DRIVE**  
CITY-ST-ZIP **FRANKLIN LAKES NJ 07417**

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

TITLE **MEM** ☐ Delete  
NAME **BLYSKAL, ROBERT**  
STREET ADDRESS **100 PARSONS POND ROAD**  
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 08889**

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**

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

TITLE **MEM** ☐ Delete  
NAME **WALDEN, DANIEL**  
STREET ADDRESS **100 PARSONS POND DR**  
CITY-ST-ZIP **WHITEHOUSE STATION NJ 08889**

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: REQUIRED**

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

**4-28-03**

Date

**201-269-3400**

Daytime Phone #

CR2E083 (10/02)