

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Aug 05, 2005 8:00 am**  
**Secretary of State**

08-05-2005 90035 006 \*\*\*\*50.00

**DOCUMENT # M03000000218**

1. Entity Name  
AETNA RX HOME DELIVERY, LLC



Principal Place of Business  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156

Mailing Address  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156

**20066255**



06302005 No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
30-0123760

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$50.00  
Due by September 7, 2005**

**9. MANAGING MEMBERS/MANAGERS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGRM  
AETNA HEALTH HOLDINGS, LLC  
151 FARMINGTON AVENUE  
HARTFORD, CT 06156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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

Date

Daytime Phone #

AS VP & ASST. SECY OF SOLE MEMBER