


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
05 MAY -6 AM 11:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT #</b> M03000001777 1. Entity Name <b>ADVANCEPCS HEALTH SYSTEMS, LLC</b>					
Principal Place of Business 9501 E. SHEA BLVD. SCOTTSDALE, AZ 85260			Mailing Address 211 COMMERCE STREET, SUITE 800 NASHVILLE, TN 37201		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				4. FEI Number <b>75-2945835</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)					
<b>Filing Fee is \$50.00 Due by September 7, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ADVANCEPCS HOLDING CORP 750 WEST JOHN CARPENTER FREEWAY, STE 1200 IRVING, TX 75039		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM: AdvancePCS Holding Corp. 9501 E. Shea Blvd Scottsdale, AZ 85260	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<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	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> <i>Dennis Sommer</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			AdvancePCS Holding Corporation, Sole Member By: Dennis Sommer, Asst. Corp. Secretary Date <b>5-5-05</b> Daytime Phone <b>615-743-6620</b>		



M03006001777

ACCOUNT NO. : 072100000032

REFERENCE : 357763 7416132

AUTHORIZATION :

*Patricia Poynt*

COST LIMIT : \$ 50.00

ORDER DATE : May 6, 2005

ORDER TIME : 2:19 PM

ORDER NO. : 357763-020

CUSTOMER NO: 7416132

CUSTOMER: Gina R. Clark  
Caremark Rx, Inc.  
8th Floor  
211 Commerce St.  
Nashville, TN 37201

*BK*

RECEIVED  
05 MAY -6 PM 3:04  
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DIVISION OF CORPORATIONS  
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XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea-EXT#2914

EXAMINER'S INITIALS: \_\_\_\_\_