

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

2006 JUN 23 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

000076522660



06132006No Chg-LLC

CR2E083 (11/05)

4. FEI Number

75-2945835

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**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 6, 2006**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM
NAME	ADVANCEPCS HOLDING CORP
STREET ADDRESS	9501 E. SHEA BLVD.
CITY-ST-ZIP	SCOTTSDALE, AZ 85260

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Denise Sommer

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

Denise Sommer, Asst. Corp. Secretary 6-13-06

Date

Daytime Phone #

615 743-6600



CORPORATION SERVICE COMPANY

M03000001777

ACCOUNT NO. : 072100000032

REFERENCE : 196990 7416132

AUTHORIZATION :

COST LIMIT : \$ 50.00

ORDER DATE : June 21, 2006

ORDER TIME : 7:16 PM

ORDER NO. : 196990-065

CUSTOMER NO: 7416132

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2006 JUN 23 AM 11:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ANNUAL REPORT FILING

NAME: CAREMARKPCS HEALTH SYSTEMS,  
LLC

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

RECEIVED  
06 JUN 23 AM 8:59  
DEPT. OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

CONTACT PERSON: Sara Lea-EXT#2914

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