

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003460

FILED  
Apr 04, 2007  
Secretary of State

Entity Name: AETNA SPECIALTY PHARMACY, LLC

## Current Principal Place of Business:

503 SUNPORT LANE  
ORLANDO, FL 32809

## New Principal Place of Business:

## Current Mailing Address:

503 SUNPORT LANE  
ORLANDO, F 32809

## New Mailing Address:

151 FARMINGTON AVE,  
W101  
HARTFORD, CT 06156

FEI Number: 57-1209768

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T 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/MANAGERS:

Title: PRES ( ) Delete  
Name: ELLIOTT, ERIC S  
Address: 151 FARMINGTON AVE. RT62  
City-St-Zip: HARTFORD, CT 06156

Title: VP (X) Delete  
Name: O'DONNELL, KEVIN P  
Address: 503 SUNPORT LANE  
City-St-Zip: ORLANDO, FL 32809

Title: GM (X) Delete  
Name: SHANAHAN, REBECCA M  
Address: 503 SUNPORT LANE  
City-St-Zip: ORLANDO, FL 32809

Title: MGR (X) Delete  
Name: SMITH, RUSSELL P  
Address: 151 FARMINGTON AVE., RE6A  
City-St-Zip: HARTFORD, CT 06156

Title: MGR (X) Delete  
Name: MAESAKA, ALAN  
Address: 980 JOLLY ROAD, U13N  
City-St-Zip: BLUE BELL, PA 19422

Title: MGR (X) Delete  
Name: MAHONEY, STEPHEN  
Address: 151 FARMINGTON AVE., RT62  
City-St-Zip: HARTFORD, CT 06156

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: AETNA HEALTH HOLDING, S. LLC  
Address: 151 FARMINGTON AVE.  
City-St-Zip: HARTFORD, CT 06156

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

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

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

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 Chapter 119, 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: VENUS SCHROETER

AR

04/04/2007

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