MOTIGATE CONTINUENT OF STATE 428 Electronic Filing Cover Sheet

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Division of Corporations

Fax Number

; (850)617-6383

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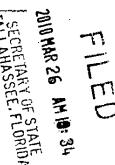
Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Phone Fax Number

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ECRETARY OF STATE

LLAHASSEE, FLORING

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PHARMACARE MANAGEMENT SERVICES, INC.

Certificate of Status	0
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C. LEWIS

MAR 2 9 2010

EXAMINER

· COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECU: PharmaCara Name of Forei			
Dear Sir or Madam:	5 		y company
The enclosed application, certificate and fee(s)	are subm	itted for	filing.
Please return all correspondence concerning th	is matter t	o the fol	lowing:
Melanie K. Luker			
Name of Person			
CVS Pharmacy Inc.	<u>,</u>		ŗ
Firm/Company			
One CVS Drive			
Address			
Woonwocket, RI 02895			
City/State and Zip Code	3		
mkluker@cvs.com			
E-mail address: (to be used for future annual For further information concerning this matter,			
Melanie K. Luker	at (40		770-3565
Name of Person	Area (Code & I	Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		[]]	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
Enclosed is a check for the following amount: \$\textstyle \textstyle \textst	555 I	iling Fe Ted Cop	

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1	Name of limited liability company as it appears on the records of the Florida Department of State: PharmaCare Management Services, L.L.C.
2	Jurisdiction of its organization: Delaware M07000004478
3	. Date authorized to do business in Florida: 07/26/2007
	SECTION II (4-7 complete only the applicable changes)
4.	If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? 03/16/2010
5.	New name of the limited liability company: Caremark PhC, L.L.C. (must end with "Limited Liability Company," "L.L.C.," or "LLC.," or
FI th	f name unavailable, enter alternate name adopted for the purpose of transacting business in order and attach a copy of the written consent of the managers or managing members adopting a alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." "LLC.")
6.	If the amendment changes the period of duration, indicate new period of duration:
7.	If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
	If the amendment corrects any false statement, indicate the statement being corrected and the correction:
	Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized. Signature of a premoer or the authorized representative of a member
	Thomas S. Moffatt
	Typed or printed name of signee

Filing Fee: \$25.00

FLO37 - 03/07/2009 C T Filing attaneger Online

Delaware

PAGE 1

The First State

I, JEPFREY N. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE SAID "PHARMACARE MANAGEMENT SERVICES, L.L.C.", FILED A CERTIFICATE OF AMENDMENT, CHANGING ITS NAME TO "CARRMARK PEC, L.L.C.", THE SIXTEENTH DAY OF MARCH, A.D. 2010, AT 7:31 O'CLOCK P.M.

2409321 8320

100317923

You may verify this cortificate online at corp.delaware.dov/authver.shtml

Jeffrey W. Bullock, Secretary of State

DATE: 03-25-10