


**FILE NOW: Fee after May 1, will be \$588.75**

LIMITED LIABILITY COMPANY ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>FILING FEE</b> \$ 203.75		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	
1. Name and Mailing Address of Limited Liability Company <b>Par Prescription, LLC.</b> <del>MERCK CO. PAID, L.L.C.</del> 5373 SOUTH ARVILLE LAS VEGAS NV 89118		<b>DOCUMENT #</b> M96000000459	
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.		1a. Principal Place of Business Address  5373 SOUTH ARVILLE LAS VEGAS NV 89118	
2. Principal Place of Business 100 Summit Avenue Suite, Apt. #, etc. City & State Montvale, NJ Zip 07645	2a. Mailing Address One Merck Drive Suite, Apt. #, etc. USA F96 City & State Whitehouse Station, NJ Zip 08889-0100	3. Date Organized or Qualified 11/20/1996	3a. State of Formation NV
Country USA	Country USA	4. FEI Number 22-3461737	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City		400002213614--3 -05716168-002 FL 203.75 ****203.75	
9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.			
SIGNATURE _____ (Registered Agent Accepting Appointment)		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	DORSA, CAROLINE	ONE MERCK DRIVE	WHITEHOUSE STATION NJ
MGR	KANTER, CARL I	100 SUMMIT AVE.	MONTVALE NJ
MGR	WEINSTEIN, BERT I	5373 SOUTH ARVILLE	LAS VEGAS NV
MGR	APKER, THOMAS	5373 SOUTH ARVILLE	LAS VEGAS NV
mgr	Robert McGovern	One Merck Drive	Whitehouse Station, NJ
mgr	Michael Fiedling	One Merck Drive	Whitehouse Station, NJ
11. I do 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 annual 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; and that my name appears in Block 10, or on an attachment with an address.			
SIGNATURE: <i>RB McGovern</i>		4/10/97 (908) 423-1000	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER		Date Daytime Phone #	