

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000572

FILED
May 02, 2005
Secretary of State

Entity Name: SYSTEMED, L.L.C.

Current Principal Place of Business:

C/O MEDCO HEALTH SOLUTIONS, INC.
100 PARSONS POND DRIVE
FRANKLIN LAKES, NJ 07417

New Principal Place of Business:

Current Mailing Address:

100 PARSONS POND DR (F3-16)
FRANKLIN LAKES, NJ 07417

New Mailing Address:

FEI Number: 22-3474880 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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/MEMBERS:

Title: MGR () Delete
Name: BIRCH, BRYAN D
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGRM () Delete
Name: SHERMAN, PETER M
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

Title: MGR (X) Delete
Name: MACHLOWITZ, DAVID S
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

ADDITIONS/CHANGES:

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

Title: MGR (X) Change () Addition
Name: MACHLOWITZ, DAVID S
Address: 100 PARSONS POND DRIVE
City-St-Zip: FRANKLIN LAKES, NJ 07417

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 Section 119.07(3)(i), 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: DAVID S. MACHLOWITZ

MGR

05/02/2005

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