

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90693 031 *****50.00

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DOCUMENT # M97000000572

1. Entity Name

SYSTEMED, L.L.C.



Principal Place of Business
MEDCO HEALTH SOLUTIONS, INC.
C/O MERCK MEDCO MANAGED CARE LLC
100 PARSONS POND DRIVE
FRANKLIN LAKES NJ 07417

Mailing Address
MEDCO HEALTH SOLUTIONS, INC.
C/O MERCK MEDCO MANAGED CARE LLC
100 PARSONS POND DRIVE TAX DEPT FI-5A
FRANKLIN LAKES NJ 07417

2. Principal Place of Business

3. Mailing Address

100 PARSONS POND DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

TAX DEPT FI-5A

City & State

City & State

FRANKLIN LAKES NJ

Zip

Country

Zip

Country

07417

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **22-3474880**

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR JONES, ROGER A 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V WALDEN, DANIEL 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SCHISANI, BARBARA A 100 PARSONS POND DRIVE FRANKLIN LAKES NJ 07417 | <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR DORSA, CAROLINE ONE MERCK DRIVE WHITEHOUSE STATION NJ 08889 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCGOVERN, ROBERT ONE MERCK DRIVE WHITEHOUSE STATION NJ 08889 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete |

| | | |
|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | M DAVID S. KARLIN 100 PARSONS POND DR. FRANKLIN LAKES, NJ 07417 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR MCGOVERN, ROBERT 100 PARSONS POND DRIVE FRANKLIN LAKES, NJ 07417 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

11. I 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 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:

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

4/28/03

Date

201-269-3400

Daytime Phone #

CR2E083 (10/02)