

# 2000 UNIFORM BUSINESS REPORT (UBR)

08-45816

**DOCUMENT # V60243**

1. Entity Name  
**MEDPARTNERS ADMINISTRATIVE SERVICES, INC.**

FILED

00 JAN 11 AM 11:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
1200 S. PINE ISLAND RD.  
STE 600  
FT. LAUDEDALE FL 33324  
US

Mailing Address  
3000 GALLERIA TOWER  
SUITE 1000  
BIRMINGHAM AL 35244-2359  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-1547976** Applied For  
Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

7. Name and Address of New Registered Agent  
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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00  
After MAY 1, 2000 Fee will be \$550.00  
Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP DICKERSON, JAMES H JR. 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD FINLEY, SARA J 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244</b> <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"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD C. Clark Wingfield, Jr. 3000 Galleria Tower, Suite 1000 Birmingham, AL 35244</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD James H. Dickerson, Jr.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600003094686-1</b> <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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sara J Finley 1/7/00 205/733-8996  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

2



ACCOUNT NO. : 072100000032  
REFERENCE : 547363 4390339  
AUTHORIZATION : Patricia Pizzit  
COST LIMIT : \$ 150.00

ORDER DATE : January 11, 2000  
ORDER TIME : 10:44 AM  
ORDER NO. : 547363-030  
CUSTOMER NO: 4390339

CUSTOMER: Ms. Holly J. Affleck  
Caremark Rx, Inc.  
3000 Galleria Tower  
Suite 1000  
Birmingham, AL 35244

ANNUAL REPORT FILING

NAME: MEDPARTNERS ADMINISTRATIVE SERVICES, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 JAN 11 AM 11:28

RECEIVED

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