## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DOCUMENT # V60243  1. Entity Name  MEDPARTNERS ADMINISTRATIVE SERVICES, INC.						FILED					
						OO JAN II AHII: 55					
Principal Plac	e of Business	Mailing Address			TABLEARASSEE; FLORIDA						
1200 S. Pine Island Rd. Ste 600 Ft. Laudedale Fl. 33324 JS		3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244-2359 US						11 BLB11 (BB1			
2. Principal Place of Business		3. Mailing Address									
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State		4. FEI Numb	er <b>59-1547976</b>	<del></del>	oplied For ot Applicable				
Zip	Country	Zip	Country		5. Certificate	e of Status Desired	\$8.75 Add Fee Require				
	6. Name and Address of Current R	egistered Agent	Non		7. Name and	Address of New Registered	Agent				
COR	PORATION SERVICE COMPANY		Nan		<u></u>						
1201	HAYS STREET AHASSEE FL 32301-2525		Stre	Street Address (P.O. Box Number is Not Acceptable)							
,,,,			City			FL	Zíp Cod	e			
Tax filing r	Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible equirement and elects to do so.	FILE NOW!! After MAY 1, 200 Make Check Payabl	0 Fee will b	50.00 \$550.00	<b>10</b> . EI	DATE ection Campaign Financing ust Fund Contribution.   [		O May Be			
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIONS	/CHANGES TO OFFICERS ANI	DIRECTOR				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	VP DICKERSON, JAMES H JR. 3000 GALLERIA TOWER, SUITE 1 BIRMINGHAM AL 35244 VSD	☐ Delete  Delete  □ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	PTI	<u>minghan</u>	_	Change	Addition Addition			
NAME STREET ADDRESS CITY-ST-ZIP	FINLEY, SARA J 3000 GALLERIA TOWER, SUITE 1 BIRMINGHAM AL 35244	000	NAME STREET ADDR CITY-ST-ZIP			Dickerson, Jr.					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET AODR CITY-ST-ZIP	ESS	61	00003094	58 <b>6</b> -	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	ess			☐ Change	Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP	:SS			☐ Change	☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDR CITY-ST-ZIP				☐ Change	Addition			
indicated of the cor	certify that the information supplied with to on this report or supplemental report is poration or the receiver or trustee empore, or on an attachment with an address, w	true and accurate and that m wered to execute this report a	ly signature sh as required by	all have the s	same legal effe	ct as it made under oath: that I	am an officei	or airector			



ACCOUNT NO. : 072100000032

REFERENCE : 547363 4390339

AUTHORIZATION

\$ 150.00 COST LIMIT :

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:

XX ANNUAL REPORT

MEDPARTNERS ADMINISTRATIVE

SERVICES, INC.

PLEASE	RETURN	THE	FOLLOWING	AS	PROOF	OF	FILING

G:

CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janine Lazzarini

EXAMINER'S INITIALS:

KE

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