2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V60243

1. Entity Name

MEDPARTNERS ADMINISTRATIVE SERVICES, INC.

Principal Place of Business	Mailing Address
~~1200 S. PINE ISLAND RD.~~ ~~STE 680~~ ~~FT. LAUDEDALE FL 33324~~ ~~US~~	3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 US

FILED

00 JAN 17 PM 12:01

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business	**3.** Mailing Address
3000 Galleria Tower	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Suite 1000	
City & State	City & State
Birmingham AL	

DO NOT WRITE IN THIS SPACE

Zip	Country	Zip	Country
35244	US		

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	**7. Name and Address of New Registered Agent**
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525	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 _____

Signature, typed or printed name of registered agent and title if applicable.   (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, 2001 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		**12.** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PTD NAME DICKERSON, JAMES H JR. STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000 CITY-ST-ZIP BIRMINGHAM AL 35244	☐ Delete	TITLE VPD NAME Howard A. McLure STREET ADDRESS 3000 Galleria Tower, Ste. 1000 CITY-ST-ZIP Birmingham, AL 35244	☐ Change ☒ Addition
TITLE VSD NAME FINLEY, SARA J STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000 CITY-ST-ZIP BIRMINGHAM AL 35244	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE VD NAME WINGFIELD, C. CLARK JR. STREET ADDRESS 3000 GALLERIA TOWER, SUITE 1000 CITY-ST-ZIP BIRMINGHAM AL 35244	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME 600003539526--2 STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/00)

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 _____   1/9/01   (205)733-8996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #

CSC THE UNITED STATES CORPORATION COMPANY

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ACCOUNT NO.   :   072100000032

REFERENCE     :   965856        4390339

AUTHORIZATION :   Patricia Piguto

COST LIMIT    :   $ 150.00
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ORDER DATE :  January 16, 2001

ORDER TIME :  3:05 PM

ORDER NO.  :  965856-040

CUSTOMER NO:   4390339

CUSTOMER:  Ms. Susan Lester
           Caremark Rx, Inc.
           3000 Galleria Tower
           Suite 1000
           Birmingham, AL   35244
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ANNUAL REPORT FILING

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NAME:      MEDPARTNERS ADMINISTRATIVE
           SERVICES, INC.
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<u>XX</u>   ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

<u>XX</u>   PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward

                 EXAMINER'S INITIALS: