

2002 UNIFORM BUSINESS REPORT (UBR)

0603189 AT

DOCUMENT # **V60243**

1. Entity Name
MEDPARTNERS ADMINISTRATIVE SERVICES, INC.

APPROVED
AND
FILED

02 FEB -5 AM 11:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 US		Mailing Address 3000 GALLERIA TOWER SUITE 1000 BIRMINGHAM AL 35244 US	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1547976**

Applied For	Not Applicable
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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. ☐ **FILE NOW!!! FEE IS \$150.00 After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	PTD DICKERSON, JAMES H JR. 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD Dickerson, James H. Jr. 2211 Sanders Rd. Northbrook, IL 60062 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD FINLEY, SARA J 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <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	VPD MCLURE, HOWARD A 3000 GALLERIA TOWER, SUITE 1000 BIRMINGHAM AL 35244 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000004880970--1 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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"/> 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"/> Delete	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: **SIGNATURE REQUIRED** 01-24-02 (205) 733-8996

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

CR2E034 (9/01)



ACCOUNT NO. : 072100000032

REFERENCE : 347442 4390339

AUTHORIZATION :

Patricia Pigitt

COST LIMIT : \$ 150.00

ORDER DATE : February 5, 2002

ORDER TIME : 10:41 AM

ORDER NO. : 347442-020

CUSTOMER NO: 4390339

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

RECEIVED
02 FEB -5 AM 11:23
DEPARTMENT OF STATE
DIVISION OF CORPORATE AFFAIRS
TALLAHASSEE, FLORIDA

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: Susie Knight - Ext. 1156

EXAMINER'S INITIALS: _____