


Form PTO-1594 (Rev. 10/02) OMB No. 0651-0027 (exp. 6/30/2005) Tab settings ⇨ ⇨ ⇨	RECORDATION FORM COVER SHEET TRADEMARKS ONLY	U.S. DEPARTMENT OF COMMERCE U.S. Patent and Trademark Office
To the Honorable Commissioner of Patents and Trademarks: Please record the attached original documents or copy thereof.		
1. Name of conveying party(ies): FFI Rx Managed Care, Inc. <input type="checkbox"/> Individual(s) <input type="checkbox"/> Association <input type="checkbox"/> General Partnership <input type="checkbox"/> Limited Partnership <input checked="" type="checkbox"/> Corporation-State <input type="checkbox"/> Other _____ Additional name(s) of conveying party(ies) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	2. Name and address of receiving party(ies) Name: <u>AdvancePCS Health, L.P.</u> Internal Address: <u>Suite 1200</u> Street Address: <u>750 W. John Carpenter Freeway</u> City: <u>Irving</u> State: <u>TX</u> Zip: <u>75039</u> <input type="checkbox"/> Individual(s) citizenship _____ <input type="checkbox"/> Association _____ <input type="checkbox"/> General Partnership _____ <input checked="" type="checkbox"/> Limited Partnership <u>Delaware</u> <input type="checkbox"/> Corporation-State _____ <input type="checkbox"/> Other _____ <small>If assignee is not domiciled in the United States, a domestic representative designation is attached: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Designations must be a separate document from assignment) Additional name(s) & address(es) attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</small>	
3. Nature of conveyance: <input type="checkbox"/> Assignment <input checked="" type="checkbox"/> Merger <input type="checkbox"/> Security Agreement <input type="checkbox"/> Change of Name <input type="checkbox"/> Other _____ Execution Date: <u>03/24/2003</u>	4. Application number(s) or registration number(s): A. Trademark Application No.(s) _____ _____ B. Trademark Registration No.(s) <u>2408746,</u> <u>2008629, 2265664, and 2657588</u> Additional number(s) attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
5. Name and address of party to whom correspondence concerning document should be mailed: Name: <u>Jake D. Feldman, Esq.</u> Internal Address: <u>Morgan, Lewis & Bockius LLP</u> <u>Attn.: TMSU</u> Street Address: <u>1111 Pennsylvania Avenue, NW</u> City: <u>Washington</u> State: <u>DC</u> Zip: <u>20004</u>	6. Total number of applications and registrations involved: 4 7. Total fee (37 CFR 3.41): \$ <u>115</u> <input type="checkbox"/> Enclosed <input checked="" type="checkbox"/> Authorized to be charged to deposit account 8. Deposit account number: <u>DA 13-4520</u>	
DO NOT USE THIS SPACE		
9. Signature. <div style="display: flex; justify-content: space-between;"> <div style="width: 30%;"> <u>Jake D. Feldman</u> Name of Person Signing </div> <div style="width: 30%; text-align: center;">  Signature </div> <div style="width: 30%; text-align: right;"> <u>June 23, 2003</u> Date </div> </div> <div style="text-align: right; margin-top: 10px;"> Total number of pages including cover sheet, attachments, and document: 5 </div>		

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Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF MERGER, WHICH MERGES:

"AMBULATORY CARE REVIEW SERVICES, INC.", A OHIO CORPORATION,

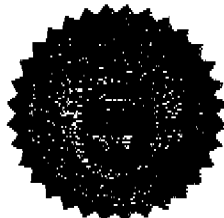
"FFI RX MANAGED CARE, INC.", A FLORIDA CORPORATION,

"FIRST FLORIDA INTERNATIONAL HOLDINGS, INC.", A FLORIDA CORPORATION,

"HMN HEALTH SERVICES, INC.", A OHIO CORPORATION,

WITH AND INTO "ADVANCEPCS HEALTH, L.P." UNDER THE NAME OF "ADVANCEPCS HEALTH, L.P.", A LIMITED PARTNERSHIP ORGANIZED AND EXISTING UNDER THE LAWS OF THE STATE OF DELAWARE, AS RECEIVED AND FILED IN THIS OFFICE THE TWENTY-FOURTH DAY OF MARCH, A.D. 2003, AT 7:10 O'CLOCK P.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE EFFECTIVE DATE OF THE AFORESAID CERTIFICATE OF MERGER IS THE THIRTY-FIRST DAY OF MARCH, A.D. 2003.



Harriet Smith Windsor
Harriet Smith Windsor, Secretary of State

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TRADEMARK
AUTHENTICATION: 2327513
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STATE OF DELAWARE 002
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED 07:10 PM 03/24/2003
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CERTIFICATE OF MERGER

OF

FIRST FLORIDA INTERNATIONAL HOLDINGS, INC., A FLORIDA CORPORATION,

FFI RX MANAGED CARE, INC., A FLORIDA CORPORATION,

AMBULATORY CARE REVIEW SERVICES, INC., AN OHIO CORPORATION,

HMN HEALTH SERVICES, INC., AN OHIO CORPORATION,

INTO

ADVANCEPCS HEALTH, L.P., A DELAWARE LIMITED PARTNERSHIP

Pursuant to Section 17-211 of the Revised Uniform Limited Partnership Act
of the State of Delaware

AdvancePCS Health, L.P., a Delaware limited partnership, does hereby
certify:

FIRST: The names and jurisdiction of formation or organization of the
business entities party to this merger are as follows:

<u>Name</u>	<u>State</u>
AdvancePCS Health, L.P.	Delaware
First Florida International Holdings, Inc.	Florida
FFI Rx Managed Care, Inc.	Florida
Ambulatory Care Review Services, Inc.	Ohio
HMN Health Services, Inc.	Ohio

SECOND: An Agreement of Merger has been approved, adopted,
certified, executed and acknowledged by each of the business entities party to the merger
in accordance with Section 17-211 of the Revised Uniform Limited Partnership Act of
the State of Delaware.

THIRD: The name of the limited partnership surviving the merger is
AdvancePCS Health, L.P.

FOURTH: The executed agreement of merger is on file at an office of the
surviving entity, 750 West John Carpenter Freeway, Suite 1200, Irving, Texas 75039. A

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copy will be provided, upon request and without cost, to any interest holder of any business entity party hereto.


FIFTH: The effective date of the merger shall be March 31, 2003.

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IN WITNESS WHEREOF, AdvancePCS Health, L.P. has caused this Certificate of Merger to be executed in its corporate name this 24th day of March, 2003.

ADVANCEPCS HEALTH, L.P.


By: **ADVANCEPCS HEALTH SYSTEMS,
L.L.C, its General Partner**

By: 
Name: **Laura E. Johansen**
Title: **SVP, Corporate Affairs and Secretary**


AMBULATORY CARE REVIEW SERVICES, INC.

By: 
Name: **Laura E. Johansen**
Title: **Vice President and Secretary**


FFI RX MANAGED CARE, INC.

By: 
Name: **Laura E. Johansen**
Title: **Vice President and Assistant Secretary**

**FIRST FLORIDA INTERNATIONAL HOLDINGS,
INC.**

By: 
Name: **Laura E. Johansen**
Title: **Vice President and Secretary**

HMN HEALTH SERVICES, INC.

By: 
Name: **Laura E. Johansen**
Title: **Vice President & Secretary**