

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006032

FILED
Jul 10, 2007
Secretary of State

Entity Name: MINUTECLINIC DIAGNOSTIC OF FLORIDA, LLC

Current Principal Place of Business:

7599 W. SAND LAKE ROAD
ORLANDO, FL 32819

New Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895 US

Current Mailing Address:

333 WASHINGTON AVE N
STE 5000
MINNEAPOLIS, MN 55401

New Mailing Address:

ONE CVS DRIVE
WOONSOCKET, RI 02895 US

FEI Number: 20-3516155 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: CEO () Delete
Name: HOWE, MICHAEL C
Address: 333 WASHINGTON AVENUE NORTH, SUITE 5000
City-St-Zip: MINNEAPOLIS, MN 55401

Title: SECR () Delete
Name: SWATFAGER, ANGIE
Address: 333 WASHINGTON AVENUE NORTH, SUITE 5000
City-St-Zip: MINNEAPOLIS, MN 55401

Title: ASSI () Delete
Name: SATORIUS, JOHN
Address: 200 S SIXTH ST STE 4000
City-St-Zip: MINNEAPOLIS, MN 55402 14

ADDITIONS/CHANGES:

Title: P (X) Change () Addition
Name: HOWE, MICHAEL C
Address: 333 WASHINGTON AVENUE NORTH, SUITE 5000
City-St-Zip: MINNEAPOLIS, MN 55401 US

Title: T (X) Change () Addition
Name: SWATFAGER, ANGIE
Address: 333 WASHINGTON AVENUE NORTH, SUITE 5000
City-St-Zip: MINNEAPOLIS, MN 55401 US

Title: S (X) Change () Addition
Name: LANKOWSKY, ZENON
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MELANIE K. LUKER, ASST. SECRETARY OF

MGRM

07/10/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date