

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006032

FILED
Apr 22, 2008
Secretary of State

Entity Name: MINUTECLINIC DIAGNOSTIC OF FLORIDA, LLC

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895 US

New Principal Place of Business:

Current Mailing Address:

ONE CVS DRIVE
WOONSOCKET, RI 02895 US

New Mailing Address:

FEI Number: 20-3516155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MINUTECLINIC LLC,
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: LINDA M CIMBRON

MEMB

04/22/2008

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