2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006032

FILED
Apr 24, 2018
Secretary of State
CC1425189044

Entity Name: MINUTECLINIC DIAGNOSTIC OF FLORIDA, LLC

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895

Current Mailing Address:

ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895 US

FEI Number: 20-3516155

Certificate of Status Desired: No

Name and Address of Current 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

Authorized Person(s) Detail :

Title	MGRM
Name	MINUTECLINIC, L.L.C.
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	VP, SECRETARY
Name	BARKER, M.D., TOBIAS
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	TREASURER
Name	BHADOURIA, ATIN K
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	ASST. TREASURER
Name	BEAULIEU, SHEELAGH M
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	PRESIDENT
Name	VITTI, SHARON L
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	AS
Name	LUKER, MELANIE K
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	ASST. TREASURER
Name	CLARK, JEFFREY E
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	ASST. SECRETARY
Name	DESOUSA, KIMBERLEY M
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

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I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE K LUKER — ASSISTANT SECRETARY — 04/24/2018

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	VP
Name	JODICE, CANDACE P
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895