

# 2001 UNIFORM BUSINESS REPORT (UBR)

0608120

DOCUMENT # F00000005055

1. Entity Name  
PROCARE PHARMACY, INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 APR 30 AM 10:58

Principal Place of Business  
ONE CVS DRIVE/LEGAL DEPARTMENT  
WOONSOCKET RI 02895

Mailing Address  
ONE CVS DRIVE/LEGAL DEPARTMENT  
WOONSOCKET RI 02895



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 06-1474598

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOT Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

FILE NOW  
After MAY 1, 2011  
Make Check Payable to Department of State

FEE IS \$150.00

Fee will be \$550.00

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	CD	<input type="checkbox"/> Delete
NAME	RYAN, THOMAS M	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	VCOO	<input type="checkbox"/> Delete
NAME	NIEDERKOH, LARRY	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURTON, DENNIS C	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	V	<input type="checkbox"/> Delete
NAME	MARTIN, TIMOTHY L	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	VS	<input type="checkbox"/> Delete
NAME	LANKOWSKY, ZENON P	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	V	<input type="checkbox"/> Delete
NAME	HALL, FRANCIS J	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	T Larry D. Solberg	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Addition
NAME	AS Melanie K. Luker	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 I am an officer or director of the corporation or the receiver or trustee empowered to execute this report. I have not changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

*Melanie K. Luker*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker, Assistant Secretary  
(401) 770-3565

Date

Daytime Phone #

CR2E034 (10/00)