

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000005055

Entity Name: PROCARE PHARMACY, INC.

FILED  
Feb 01, 2005  
Secretary of State

## Current Principal Place of Business:

ONE CVS DRIVE/LEGAL DEPARTMENT  
WOONSOCKET, RI 02895

## New Principal Place of Business:

## Current Mailing Address:

ONE CVS DRIVE/LEGAL DEPARTMENT  
WOONSOCKET, RI 02895

## New Mailing Address:

FEI Number: 06-1474598

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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: WEISHAR, GREGORY  
Address: 695 GEORGE WASHINGTON HIGHWAY  
City-St-Zip: LINCOLN, RI 02865

Title: VPT ( ) Delete  
Name: BUCKLEY, JOHN M  
Address: 695 GEORGE WASHINGTON HIGHWAY  
City-St-Zip: LINCOLN, RI 02865

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

Title: AS ( ) Delete  
Name: LUKER, MELANIE K  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DVPT (X) Change ( ) Addition  
Name: BUCKLEY, JOHN M  
Address: 695 GEORGE WASHINGTON HIGHWAY  
City-St-Zip: LINCOLN, RI 02865

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE K. LUKER, ASST. SECY.

AS

02/01/2005

Electronic Signature of Signing Officer or Director

Date