

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000005055

1. Entity Name
PROCARE PHARMACY, INC.



FILED

06 JUL 27 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Mailing Address
ONE CVS DRIVE/LEGAL DEPARTMENT
WOONSOCKET, RI 02895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07192006

Chg-P

CR2E034 (11/05)

City & State

City & State

4. FEI Number

06-1474598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete
NAME WEISHAR, GREGORY
STREET ADDRESS 695 GEORGE WASHINGTON HIGHWAY
CITY-ST-ZIP LINCOLN, RI 02865

TITLE DVPT ☒ Delete
NAME BUCKLEY, JOHN M
STREET ADDRESS 695 GEORGE WASHINGTON HIGHWAY
CITY-ST-ZIP LINCOLN, RI 02865

TITLE DVPS ☐ Delete
NAME LANKOWSKY, ZENON P
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET, RI 02895

TITLE AS ☐ Delete
NAME LUKER, MELANIE K
STREET ADDRESS ONE CVS DRIVE
CITY-ST-ZIP WOONSOCKET, RI 02895

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
800078284478
03/02/06--01064--003 **550.00

TITLE DVPT ☒ Change ☐ Addition
NAME David Denton
STREET ADDRESS 695 George Washington Hwy
CITY-ST-ZIP Lindon, RI 02865

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Melanie K. Luker

Melanie K. Luker, Assistant Secretary 7-19-06

401-765-1500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #