
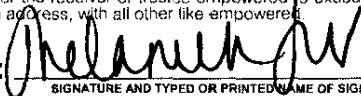


**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90982 015 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT #</b> F00000005086			
<b>1. Entity Name</b> ProCare Pharmacy Direct, Inc. ✓			
<b>DO NOT WRITE IN THIS SPACE</b>			
<b>2. Principal Place of Business</b> One CVS Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> One CVS Drive Suite, Apt. #, etc. Legal Department	
<b>City &amp; State</b> Woonsocket RI		<b>City &amp; State</b> Woonsocket RI	
<b>Zip</b> 02895	<b>Country</b> USA	<b>Zip</b> 02895	<b>Country</b> USA
		<b>4. FEI Number</b> 05-0504251	<b>Applied For</b> <input type="checkbox"/> Not Applicable
		<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>7. Name and Address of Current Registered Agent</b>			
<b>Name</b> CT Corporation System			
<b>Street Address (P.O. Box Number is Not Acceptable)</b> 1200 South Pine Island Road			
<b>City</b> Plantation		<b>FL</b>	<b>Zip Code</b> 33324
<b>6. 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.</b>			
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when reinstating) _____ <b>DATE</b> _____			
<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> Gregory S. Weishar 695 George Wash Hwy, Lincoln RI 02865	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D</b> Zenon P. Lankowsky One CVS Drive, Woonsocket RI 02895	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> John M. Buckley 695 George Wash Hwy, Lincoln RI 02865	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> Melanie K. Luker One CVS Drive, Woonsocket RI 02895	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> Thomas M. Ryan One CVS Drive, Woonsocket RI 02895	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> Linda M. Cimbron One CVS Drive, Woonsocket RI 02895	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>12. 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 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 on an attachment with an address, with all other like empowered.</b>			
<b>SIGNATURE:</b> 		<b>Melanie K. Luker</b>	<b>4-23-03</b> <b>401-770-3565</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>

CR2E034B (12/02)