2007 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 09, 2007
Secretary of State

DOCUMENT# F05000003775

Entity Name: MINUTECLINIC, INC.

Current Principal Place of Business:

333 WASHINGTON AVENUE N., STE. 5000
UNION PLZ
MINNEAPOLIS, MN 55401

New Principal Place of Business:

Current Mailing Address:

333 WASHINGTON AVENUE N., STE. 5000
UNION PLZ
MINNEAPOLIS, MN 55401

New Mailing Address:

ONE CVS DRIVE
WOONSOCKET, RI 02895

FEI Number: 41-1939629 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
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: CONNIE BRYAN

Electronic Signature of Registered Agent — Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PCEO ( ) Delete
Name: HOWE, MICHAEL C
Address: 333 WASHINGTON AVENUE N., STE. 5000
City-St-Zip: MINNEAPOLIS, MN 55401

Title: C ( ) Delete
Name: SWATFAGER, ANGIE
Address: 333 WASHINGTON AVENUE N., STE. 5000
City-St-Zip: MINNEAPOLIS, MN 55401

Title: D ( ) Delete
Name: GUSTAFSON, BRIAN
Address: 333 WASHINGTON AVENUE N., STE. 5000
City-St-Zip: MINNEAPOLIS, MN 55401

Title: D ( ) Delete
Name: NELSON, GLEN
Address: 333 WASHINGTON AVENUE N., STE. 5000
City-St-Zip: MINNEAPOLIS, MN 55401

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change ( ) Addition
Name: BODINE, CHRISTOPHER W
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

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

Title: AS ( ) Change (X) Addition
Name: MOFFATT, THOMAS S
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: THOMAS S. MOFFATT AS 10/09/2007

Electronic Signature of Signing Officer or Director — Date