
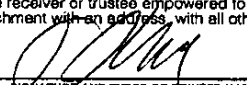


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -4 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F96000002939					
1. Entity Name TDI MANAGED CARE SERVICES, INC.					
Principal Place of Business ONE CVS DRIVE WOONSOCKET, RI 02895 US			Mailing Address ONE CVS DRIVE WOONSOCKET, RI 02895 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
5. 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 _____ (NOTE: Registered Agent signature required when reinstating)					
DATE 05/23/07					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	WEISHAR, GREGORY S				
STREET ADDRESS	695 GEORGE WASHINGTON HIGHWAY				
CITY-ST-ZIP	LINCOLN, RI 02865				
TITLE	DVPT	<input checked="" type="checkbox"/> Delete			
NAME	DENTON, DAVID				
STREET ADDRESS	695 GEORGE WASHINGTON HIGHWAY				
CITY-ST-ZIP	LINCOLN, RI 02865				
TITLE	VPSD	<input checked="" type="checkbox"/> Delete			
NAME	LANKOWSKY, ZENON P				
STREET ADDRESS	ONE CVS DRIVE				
CITY-ST-ZIP	WOONSOCKET, RI 02895				
TITLE	AS	<input checked="" type="checkbox"/> Delete			
NAME	LUKER, MELANIE K				
STREET ADDRESS	ONE CVS DRIVE				
CITY-ST-ZIP	WOONSOCKET, RI 02895				
TITLE	AS	<input type="checkbox"/> Delete			
NAME	MOFFATT, THOMAS S				
STREET ADDRESS	ONE CVS DRIVE				
CITY-ST-ZIP	WOONSOCKET, RI 02895				
TITLE	AS	<input checked="" type="checkbox"/> Delete			
NAME	CINBRON, LINDA M				
STREET ADDRESS	ONE CVS DRIVE				
CITY-ST-ZIP	WOONSOCKET, RI 02895				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Howard A. McLure				
STREET ADDRESS	221 Commerce St.				
CITY-ST-ZIP	Nashville, TN 37201				
TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Carol A. DeNale				
STREET ADDRESS	One CVS Drive				
CITY-ST-ZIP	Woonsocket, RI 02895				
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Sara J. Finley				
STREET ADDRESS	221 Commerce Street				
CITY-ST-ZIP	Nashville, TN 37201				
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					
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date 5/2/07 Daytime Phone 401 765 1500					



05012007 Chg-P CR2E034 (12/06) 07

4. FEI Number 51-0353040 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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05/23/07--01008--005 **150.00