


2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F99000006616 1. Entity Name CVS RX SERVICES, INC.						FILED 06 APR 21 PM 3:27 STATE OF FLORIDA	
Principal Place of Business ONE CVS DRIVE LEGAL DEPT WOONSOCKET, RI 02895				Mailing Address ONE CVS DRIVE LEGAL DEPT WOONSOCKET, RI 02895			
2. Principal Place of Business Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PD LANKOWSKY, ZENON P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ONE CVS DRIVE		NAME				
STREET ADDRESS	WOONSOCKET, RI 02895		STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE	VPTD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SOLBERG, LARRY D		NAME				
STREET ADDRESS	ONE CVS DRIVE		STREET ADDRESS				
CITY-ST-ZIP	WOONSOCKET, RI 02895		CITY-ST-ZIP				
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOFFATT, THOMAS S		NAME				
STREET ADDRESS	ONE CVS DRIVE		STREET ADDRESS				
CITY-ST-ZIP	WOONSOCKET, RI 02895		CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LUKER, MELANIE K		NAME				
STREET ADDRESS	ONE CVS DRIVE		STREET ADDRESS				
CITY-ST-ZIP	WOONSOCKET, RI 02895		CITY-ST-ZIP				
TITLE	AS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CIMBRON, LINDA M		NAME				
STREET ADDRESS	ONE CVS DRIVE		STREET ADDRESS				
CITY-ST-ZIP	WOONSOCKET, RI 02895		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			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 <i>Linda M. Cimbron</i>		Linda Cimbron Assistant Secretary		4/5/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			