


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

05-14-2007 90074 047 \*\*\*150.00

<b>DOCUMENT # F99000006616</b>													
<b>1. Entity Name</b> CVS RX SERVICES, INC.													
<b>Principal Place of Business</b> ONE CVS DRIVE LEGAL DEPT WOONSOCKET, RI 02895			<b>Mailing Address</b> ONE CVS DRIVE LEGAL DEPT WOONSOCKET, RI 02895										
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>											
Suite, Apt. #, etc.		Suite, Apt. #, etc.											
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 05-0501917									
<b>Zip</b>		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>									
<b>6. Name and Address of Current Registered Agent</b>  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		<b>7. Name and Address of New Registered Agent</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 5px;"><b>Name</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>Street Address (P.O. Box Number is Not Acceptable)</b></td> </tr> <tr> <td colspan="2" style="padding: 5px;"><b>City</b></td> </tr> <tr> <td style="width: 50%; padding: 5px;"><b>FL</b></td> <td style="width: 50%; padding: 5px;"><b>Zip Code</b></td> </tr> </table>				<b>Name</b>		<b>Street Address (P.O. Box Number is Not Acceptable)</b>		<b>City</b>		<b>FL</b>	<b>Zip Code</b>
<b>Name</b>													
<b>Street Address (P.O. Box Number is Not Acceptable)</b>													
<b>City</b>													
<b>FL</b>	<b>Zip Code</b>												
<b>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.</b>													
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>											
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>										
TITLE	PD LANKOWSKY, ZENON P	<input type="checkbox"/> Delete	TITLE	VP/T Carol A. DeNale	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition								
NAME	ONE CVS DRIVE		NAME	One CVS Drive									
STREET ADDRESS	WOONSOCKET, RI 02895		STREET ADDRESS	Woonsocket, RI 02895									
CITY-ST-ZIP			CITY-ST-ZIP										
TITLE	DS MOFFATT, THOMAS S	<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	AS LUKER, MELANIE K	<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	AS CIMBRON, LINDA M	<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		<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										
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										
<b>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.</b>													
<b>SIGNATURE</b> <i>Linda M. Cimbron</i>		Linda Cimbron Authorized Representative		4/25/07 401-765-1500									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #									