2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
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Secretary of State

DOCUMENT# F99000006616

Entity Name: CVS RX SERVICES, INC.

Current Principal Place of Business:

ONE CVS DR
WOONSOCKET, RI 02895 US

New Principal Place of Business:

Current Mailing Address:

ONE CVS DR
C/O LEGAL DEPT
WOONSOCKET, RI 02895 US

New Mailing Address:

FEI Number: 05-0501917 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD
Name: LANKOWSKY, ZENON P
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: DS
Name: THOMAS, MOFFATT S
Address: ONE CVS DR
City-St-Zip: WOONSOCKET, RI 02895 US

Title: AS
Name: MELANIE, LUKER
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: AS
Name: LINDA, CIMBRON M
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: AS
Name: NULMAN, MICHAEL B
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

Title: TD
Name: DENALE, CAROL A
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

I hereby 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 all other like empowered.

SIGNATURE: MELANIE K LUKER AS 04/07/2011

Electronic Signature of Signing Officer or Director Date