LIMITED LIABILITY COMPANY

FILED May 27, 2003 8:00 am Secretary of State

UNIFURM BUSINESS REPURT (UPR)					04-23-2003 90131 015 ****50.00	
1. Entity Nam) . A	
New	Port Richey CVS	, L.L.C.				
	DO NOT W	RITE IN THIS	SPACE		44092479	
Principal Place of Business One CVS Drive		3. Mailing Address Same	I = =			
Suite, Apt. #, etc. Legal Department		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & Stat	е	City & State	City & State		4. FEI Number 04-3656610 Applied For Not Applied by	
Zip RI	Country USA	Zip	Country			55.00 Additional ee Required
					7. Name and Address of Current Registered	Agent
			l N	Name CT Corporation System		
		T WRITE	s	Street Address (P.O. Box Number is Not Acceptable)		
	IN I HIS	S SPACE	1:	200 South	n Pine Island Road	
			City P		ion FL	Zip Code 33324
	named entity submits this s ions of registered agent.	tatement for the purpose of changing	g its registered o	ffice or registe	ered agent, or both, in the State of Florida. I am far	miliar with, and accept
SIGNATURE	Signature, typed or printed name of re	gistered agent and title if applicable.			DATE	
Make Check Par			yable to Floric	EE IS \$50:00 to Florida Department of State JE BY MAY 1		
9.	MANAGII	NG MEMBERS (MANAGERS	- 77 <u>- 7</u>			
9. MANAGING MEMBERS/MANAGERS TITLE NAME CVS Meridian, Inc., Managing Member NAME						
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS One CVS Drive			TREET ADDRESS .		
TITLE			TITLE			
NAME STREET ADDRESS			NAME STREET AD	l.	occording to the property of the control of the con	
CITY-ST-ZIP	<u> </u>		CITY-ST-7	ZIP		
NAME			:NAME	ĺ	7	
STREET ADDRESS CITY-ST-ZIP		STREET AD City-St-2		DO NOT WRITE		
TITLE		TITLE		IN THIS SPACE		
		NAME	20555	IN ITHO SPACE		
STREET ADDRESS CITY-ST-ZIP		STREET AD CITY-ST-Z	ı	10 may 2		
TITLE			TITLE			
NAME STREET ADDRESS			NAME STREET AD	BRECC		1
CITY-ST-ZIP			CITY-ST-2		4	
TITLE NAME			TITLE NAME	,		
DEDEET ADDRESS			MANIE .	DDECC		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee employered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

Melanie K. Luker, SIGNATURE Melanie K. Luker,
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 4-15-03

401-770-3565

Date

Daytime Phone #