## LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

## **FILED** May 27, 2003 8:00 am Secretary of State 04-23-2003 90237 037 \*\*\*\*50.00

1. Entity Nan	MENT # L020000 tic Jog Delray CVS, L						
	DO NOT WRIT	E IN THIS S	SPACE	·	440024	67	
One CVS Drive		same					
Suite, Apt. #, etc. Legal Department		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN TI	HIS SPAC	E
City & State Woonsocket		City & State		4. FEI Number 02-0616428		Applied For Not Applicable	
Zip RI	tip Country Zip		Country		5. Certificate of Status Desired		00 Additional Required
				7. Name and Address of Current Registered Agent			
DO NOT WRITE IN THIS SPACE			1	Name CT Corporation System			
				Street Address (P.O. Box Number is Not Acceptable)			
			,	1200 South Pine Island Road			
			City Plantat		ion		Zip Code 33324
SIGNATURE	Signature, typed or printed name of registered a	Make Check Pay	FEE IS \$ vable to Flor	ida Departme	DA ent of State	TE	
9. MANAGING MEMBERS/MANAGERS				······································	F 8		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS Meridian, Inc., Managing Member One CVS Drive Woonsocket RI 02895			ADDRESS 1-ZIP			CR2F0R3B (12/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		TITLE NAME STREET CITY-SI	ADDRESS 1-ZIP			CRS
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;		TITLE NAME STREET CITY-ST	ADDRESS 1-zip	DO NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-ST	ADDRESS 1-ZIP	IN THIS SPA	<b>√CE</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET CITY-ST	ADDRESS ZIP	The state of the s		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET / CITY-ST	ADDRESS - ZIP			
11. I hereby of indicated limited lia	certify that the information supplied on this report is true and accurate a billity company or the receiver or true	with this filing does not qualify and that my signature shall ha stee empowered to execute the	for the exemp we the same to his report as re	otion stated in Se egal effect as if a equired by Char	ection 119.07(3)(i), Florida Statutes. I further made under oath; that I am a managing me ster 608, Florida Statutes.	certify the	nat the information manager of the

Melanie K. Luker,

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAL G MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-15-03

401-770-3565

Daytime Phone #