
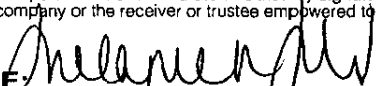


FILED
May 27, 2003 8:00 am
Secretary of State

04-23-2003 90237 038 ****50.00

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

DOCUMENT # L020000012081					
1. Entity Name Cortez Bradenton CVS, L.L.C.					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business One CVS Drive			3. Mailing Address same		
Suite, Apt. #, etc. Legal Department			Suite, Apt. #, etc.		
City & State Woonsocket			City & State		
4. FEI Number 02-0627286		Applied For Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
Zip RI	Country USA	Zip	Country		
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name CT Corporation System	
				Street Address (P.O. Box Number is Not Acceptable) 1200 South Pine Island Road	
				City Plantation FL Zip Code 33324	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
			FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVS Meridian, Inc., Managing Member One CVS Drive Woonsocket RI 02895		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE 		Melanie K. Luker,		4-15-03 401-770-3565	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

Assistant Secretary
of CVS Meridian, Inc.

CR2E083B (12/02)