

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001274

FILED
Apr 12, 2012
Secretary of State

Entity Name: CAREMARK FLORIDA MAIL PHARMACY, LLC

Current Principal Place of Business:

15800 SW 25TH ST
MIRAMAR, FL 33027 US

New Principal Place of Business:

Current Mailing Address:

ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CAREMARK FLA MAIL PHARMACY HOLDING, L.L.C.
Address: 15800 SW 25TH ST
City-St-Zip: MIRAMA, FL 33027 US

Title: VAS
Name: MOFFATT, THOMAS S LUKER
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P
Name: RODRIGUEZ-GOMES, ELIZABETH
Address: 15800 SW 25TH ST
City-St-Zip: MIRAMA, FL 33027

Title: VS
Name: LYONS, TIMOTHY
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: THOMAS S MOFFATT

VAS

04/12/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date