

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000001295

**FILED**  
**Apr 12, 2012**  
**Secretary of State**

**Entity Name:** CAREMARK FLORIDA SPECIALTY PHARMACY, LLC

**Current Principal Place of Business:**

7930 WOODLAND CENTER BLVD.  
TAMPA, FL 33614 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. SPEC. PHARMACY HOLDING, LLC  
Address: 7930 WOODLAND CENTER BLVD.  
City-St-Zip: TAMPA, FL 33614 US

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

Title: PS  
Name: PETERSON, TERITA  
Address: 7930 WOODLAND CENTER BLVD.  
City-St-Zip: TAMPA, FL 33614

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