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

## **FILED** May 27, 2003 8:00 am Secretary of State 04-23-2003 90130 020 \*\*\*\*50.00

1. Entity Nam	MENT # M020 4797 FL, L.L.C.	000001169				
	DO NOT W	RITE IN THIS S	SPACE	44002428		
Principal Place of Business     One CVS Drive		3. Mailing Address same		-		
Suite, Apt. #, etc. Legal Department		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		
City & State Woonsocket		City & State		4. FEI Number 03-0444558	Applied For Not Applicable	
Zip RI	Country USA	Zip	Country	5. Certificate of Status Desired	00 Additional Required	
				7. Name and Address of Current Registered Ag	ent	
DO NOT WRITE IN THIS SPACE			<u> </u>	C1 Corporation System		
			Street Address	s (P.O. Box Number is Not Acceptable)	}	
			1200 South Pine Island Road			
			City Planta	City Plantation FL Zip Code 33324		
the obligat	named entity submits this st ions of registered agent.	atement for the purpose of changing	its registered office or regist	tered agent, or both, in the Stale of Florida. I am famili	ar with, and accept	
SIGNATURE	Signature, typed or printed name of re-	775 . 3 3 1 2 1	- green of a space of a space of a space	DATE		
			FEE IS \$50.00 able to Florida Departm DUE BY MAY 1	ent of State		
9.	MANAGIN	IG MEMBERS/MANAGERS				
NAME STREET ADDRESS CITY-ST-ZIP	One CVS Drive		TITLE NAME STREET ADDRESS CITY-ST-ZIP		E0838 (12)0	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP		283	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE	90°	
THTEE NAME STREET ADDRESS			TITLE NAME STREET ADDRESS	IN THIS SPACE		

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.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE: ANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

Melanie K. Luker,

4-15-03

401-770-3565

Date

Daytime Phone #

Assistant Secretary of CVS Meridian, Inc.