2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

May 11, 2007 8:00 am Secretary of State DOCUMENT # M06000005191 05-11-2007 90199 041 ****50.00 1. Entity Name CVS 75362 FL, L.L.C. Mailing Address Principal Place of Business ONE CVS DRIVE ONE CVS DRIVE **LEGAL DEPT LEGAL DEPT** WOONSOCKET, RI 02895 WOONSOCKET, RI 02895 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232007 Chg-LLC CR2E083 (12/06) City & State City & State Applied For 4. FEI Number 20-5671675 Not Applicable Country Country Zip Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City Zip Code 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. **MGRM** TITLE ☐ Delete TITLE ☐ Change Addition NAME CVS PHARMACY INC NAME STREET ADDRESS STREET ADDRESS ONE CVS DRIVE LEGAL DEPT CiTY-\$T-ZIP WOONSOCKET, RI 02895 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

Linda Cimbron

Authorized Representative

401-765-1500

Daytime Phone #

4/25/57

FILED