

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005080

**FILED  
Apr 07, 2011  
Secretary of State**

**Entity Name:** CHOICE SOURCE, L.L.C.

**Current Principal Place of Business:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895 US

**New Principal Place of Business:**

**Current Mailing Address:**

ONE CVS DRIVE  
WOONSOCKET, RI 02895 US

**New Mailing Address:**

FEI Number: 43-1762547      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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 RX, L.L.C.  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P  
Name: BORATTO, EVA  
Address: 2211 SANDERS RD  
City-St-Zip: NORTHBROOK, IL 60062

Title: VAS  
Name: MOFFATT, THOMAS S  
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

04/07/2011

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