

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000001393

Entity Name: MINUTECLINIC, LLC

**FILED**  
**Apr 29, 2010**  
**Secretary of State**

**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:**

ONE CVS DRIVE  
LEGAL DEPT  
WOONSOCKET, RI 02895 US

FEI Number: 41-1939629

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: CVS PHARMACY, INC.  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895 US

Title: P  
Name: SUSSMAN, ANDREW DR  
Address: ONE CVS DRIVE  
City-St-Zip: WOONSOCKET, RI 02895

Title: AS  
Name: LUKER, MELANIE K  
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: MELANIE K LUKER

AS

04/29/2010

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