

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000000747

FILED
Apr 20, 2012
Secretary of State

Entity Name: CAREMARKPCS HEALTH, L.L.C.

Current Principal Place of Business:

ONE CVS DRIVE
WOONSOCKET, RI 02895

New Principal Place of Business:

Current Mailing Address:

ONE CVS DRIVE
WOONSOCKET, RI 02895

New Mailing Address:

FEI Number: 75-2882129

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: MGR
Name: CAREMARKPCS, L.L.C.
Address: ONE CVS DRIVE
City-St-Zip: WOONSOCKET, RI 02895

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

Title: VT
Name: WACHSMAN, LESLIE
Address: 2211 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: SPV
Name: ADAMS, LANCE
Address: 2211 SANDERS ROAD
City-St-Zip: NORTHBROOK, IL 60062

Title: S
Name: HANKINS, SARA
Address: 9501 E SHEA BLVD
City-St-Zip: SCOTTSDALE, AZ 85260

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

04/20/2012

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