

2001 UNIFORM BUSINESS REPORT (UBR)

0572227

DOCUMENT # P00000010918

1. Entity Name

PROCARE PHARMACY OF TAMPA, INC.

FILED
SECRETARY OF STATE
NOTARIAL PUBLIC COMMISSION

01 APR 30 AM 10:43

Principal Place of Business

Mailing Address

ONE CVS DR.
WOONSOCKET RI 02895

ONE CVS DR.
WOONSOCKET RI 02895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652001

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

300004212703--2

Street Address (P.O. Box Number is Not Applicable)

03/01/01--01122--001
10050.00 **150.00

City

FL

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOT)

Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

☐

FILE NOW!
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CONAWAY, CHARLES C	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DANIEL C	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D V P S	<input checked="" type="checkbox"/> Delete
NAME	LANKOWSKY, ZENON P	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BURTON, DENNIS C	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Ryan	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket, RI 02895	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lawrence J. Zigerelli	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket, RI 02895	
TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Dennis Burton	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D V P S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZENON P. LANKOWSKY	
STREET ADDRESS	ONE CVS DRIVE	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE		<input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T	<input checked="" type="checkbox"/> Addition
NAME	Larry D. Solberg	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		
TITLE	AS	<input checked="" type="checkbox"/> Addition
NAME	Melanie K. Luker	
STREET ADDRESS	One CVS Dr Woonsocket RI 02895	
CITY-ST-ZIP		

13. I hereby certify that the information supplied with this filing does not qualify for the exemption indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker, Assistant Secretary
(401) 770-3565

Date

Daytime Phone #

CR2E034 (10/00)