


FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90982 026 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P10000010918
 1. Entity Name
 ProCare Pharmacy of Tampa, Inc. ✓ 

DO NOT WRITE IN THIS SPACE

11022110

2. Principal Place of Business
One CVS Drive
 Suite, Apt. #, etc.

3. Mailing Address
One CVS Drive
 Suite, Apt. #, etc.
Legal Department

DO NOT WRITE IN THIS SPACE

City & State
Woonsocket RI

City & State
Woonsocket RI

4. FEI Number **59-3652001** Applied For
 Not Applicable

Zip **02895** Country **USA** Zip **02895** Country **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name **CT Corporation System**

Street Address (P.O. Box Number is Not Acceptable)
1200 South Pine Island Road

City **Plantation** **FL** Zip Code **33324**

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 the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

January 1 - May 1 Fee is \$150.00
 After May 1, Fee is \$550.00
 Amended UBR is \$61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gregory S. Weishar 695 George Wash Hwy, Lincoln RI 02865	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Zenon P. Lankowsky One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John M. Buckley 695 George Wash Hwy, Lincoln RI 02865	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Melanie K. Luker One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas M. Ryan One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Linda M. Cimbron One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:  **Melanie K. Luker** **4-23-03** **401-770-3565**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)