

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

04-28-2003 90981 038 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P00000027230

**1. Entity Name**

Ft. Lauderdale CVS, Inc.



**DO NOT WRITE IN THIS SPACE**

**2. Principal Place of Business**  
One CVS Drive

Suite, Apt. #, etc.

**3. Mailing Address**  
One CVS Drive

Suite, Apt. #, etc.

Legal Department

**City & State**  
Woonsocket RI

**City & State**  
Woonsocket RI

**4. FEI Number** 65-1002000

**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

**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**

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

(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	Thomas M. Ryan	One CVS Drive, Woonsocket RI 02895	
V/S/D	Zenon P. Lankowsky	One CVS Drive, Woonsocket RI 02895	
T	Larry D. Solberg	One CVS Drive, Woonsocket RI 02895	
AS	Melanie K. Luker	One CVS Drive, Woonsocket RI 02895	
D	Christopher W. Bodine	One CVS Drive, Woonsocket RI 02895	
AS	Linda M. Cimbron	One CVS Drive, Woonsocket RI 02895	

**DO NOT WRITE  
IN THIS SPACE**

**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)