

# 2001 UNIFORM BUSINESS REPORT (UBR)

0572216

DOCUMENT # P00000053973

1. Entity Name

PROCARE PHARMACY MIAMI 54, INC.

FILED  
SECRETARY OF STATE  
01 APR 30 AM 9:42

Principal Place of Business

ONE CVS DR  
WOONSOCKET RI

Mailing Address

ONE CVS DR  
WOONSOCKET RI

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

65-1016247

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

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

City

000004212700--1  
-05/11/01--01122--001  
\*\*10050.AL \*\*\*150.00

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  
Make Check Payable to Department of State

FEE IS \$150.00  
Fee will be \$550.00  
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  
NAME CONAWAY, CHARLES C  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET RI ☒ Delete

TITLE D  
NAME Thomas Ryan  
STREET ADDRESS One CVS Drive  
CITY-ST-ZIP Woonsocket, RI 02895 ☒ Change ☐ Addition

TITLE D  
NAME ZIGERELLI, LARRY J  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET RI ☐ Delete

TITLE DP  
NAME Dennis Burton  
STREET ADDRESS One CVS Drive  
CITY-ST-ZIP Woonsocket RI 02895 ☒ Change ☐ Addition

TITLE D VP S  
NAME LANKOWSKY, ZENON P  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET RI ☒ Delete

TITLE D/VP/S  
NAME Zenon P. Lankowsky  
STREET ADDRESS One CVS Dr Woonsocket RI 02895 ☒ Addition

TITLE D  
NAME BURTON, DENNIS C  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET RI ☒ Delete

TITLE T  
NAME Larry D. Solberg  
STREET ADDRESS One CVS Dr Woonsocket RI 02895 ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE AS  
NAME Melanie K. Luker  
STREET ADDRESS One CVS Dr Woonsocket RI 02895 ☒ Addition

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 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:

*Melanie K. Luker*

4-13-01

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (10/00)