

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000053973

1. Entity Name

PROCARE PHARMACY MIAMI 54, INC.

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90093 029 ***150.00

Principal Place of Business

ONE CVS DR
WOONSOCKET RI 02895

Mailing Address

ONE CVS DR
WOONSOCKET RI 02895

052019

2. Principal Place of Business

3. Mailing Address

One CVS Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Legal Dept

City & State

City & State

Woonsocket RI

Zip

Country

Zip

Country

02895

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

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION FL 33324

7. Name and Address of New Registered Agent

Name

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

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.

(NOTE: 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!!! FEE IS \$150.00
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP	D RYAN, THOMAS ONE CVS DR WOONSOCKET RI 02895	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIGERELLI, LARRY J ONE CVS DR WOONSOCKET RI 02895	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS LANKOWSKY, ZENON P ONE CVS DR WOONSOCKET RI 02895	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BURTON, DENNIS C ONE CVS DR WOONSOCKET RI 02895	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SOLBERG, LARRY D ONE CVS DR WOONSOCKET RI 02895	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LUKER, MELANIE K ONE CVS DR WOONSOCKET RI 02895	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D Gregory S. Weishar One CVS Drive Woonsocket, RI 02895	<input type="checkbox"/> Change <input type="checkbox"/> Addition Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP, T John M. Buckley One CVS Drive Woonsocket, RI 02895	Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change <input type="checkbox"/> Addition

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 as 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

4-19-02

Date

401 770 3565

Daytime Phone #

CR2E034 (9/01)