

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000053975

FILED  
Apr 22, 2004  
Secretary of State

Entity Name: PROCARE PHARMACY NORTH ORANGE, INC.

## Current Principal Place of Business:

ONE CVS DR  
WOONSOCKET, RI 02895

## New Principal Place of Business:

## Current Mailing Address:

ONE CVS DR  
WOONSOCKET, RI 02895

## New Mailing Address:

FEI Number: 59-3652006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D (X) Delete  
Name: RYAN, THOMAS  
Address: ONE CVS DR  
City-St-Zip: WOONSOCKET, RI 02895

Title: PD ( ) Delete  
Name: WEISHAR, GREGORY S  
Address: 695 GEORGE WASHINGTON HWY  
City-St-Zip: LINCOLN, RI 02865

Title: DVPS ( ) Delete  
Name: LANKOWSKY, ZENON P  
Address: ONE CVS DR  
City-St-Zip: WOONSOCKET, RI 02895

Title: AS ( ) Delete  
Name: LUKER, MELANIE K  
Address: ONE CVS DR  
City-St-Zip: WOONSOCKET, RI 02895

Title: VPT ( ) Delete  
Name: BUCKLEY, JOHN M  
Address: 695 GEORGE WASHINGTON HWY  
City-St-Zip: LINCOLN, RI 02865

Title: AS ( ) Delete  
Name: CLIMBRON, LINDA M  
Address: ONE CVS DR  
City-St-Zip: WOONSOCKET, RI 02895

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MELANIE K. LUKER

MGRM

04/22/2004

Electronic Signature of Signing Officer or Director

Date