

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -4 PM 3: 37

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053975

1. Entity Name  
PROCARE PHARMACY NORTH ORANGE, INC.



Principal Place of Business  
ONE CVS DR  
WOONSOCKET, RI 02895

Mailing Address  
ONE CVS DR  
WOONSOCKET, RI 02895



05012007 Chg-P CR2E034 (12/06) 07

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
59-3652006

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

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. 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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD  
NAME WEISHAR, GREGORY S  
STREET ADDRESS 695 GEORGE WASHINGTON HWY  
CITY-ST-ZIP LINCOLN, RI 02865 ☒ Delete

TITLE PD  
NAME Howard A. McLure  
STREET ADDRESS 221 Commerce St.  
CITY-ST-ZIP Nashville, TN 37201 ☒ Change ☐ Addition

TITLE DVPS  
NAME LANKOWSKY, ZENON P  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET, RI 02895 ☒ Delete

TITLE VP/T  
NAME Carol A. DeNale  
STREET ADDRESS One CVS Drive  
CITY-ST-ZIP Woonsocket, RI 02895 ☒ Change ☐ Addition

TITLE AS  
NAME LUKER, MELANIE K  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET, RI 02895 ☐ Delete

TITLE VP/S  
NAME Sara J. Finley  
STREET ADDRESS 221 Commerce Street  
CITY-ST-ZIP Nashville, TN 37201 ☒ Change ☐ Addition

TITLE DVPT  
NAME DENTON, DAVID  
STREET ADDRESS 695 GEORGE WASHINGTON HWY  
CITY-ST-ZIP LINCOLN, RI 02865 ☒ Delete

TITLE AS  
NAME Thomas S. Moffatt  
STREET ADDRESS One CVS Drive  
CITY-ST-ZIP Woonsocket, RI 02895 ☒ Change ☐ Addition

TITLE AS  
NAME CLIMBRON, LINDA M  
STREET ADDRESS ONE CVS DR  
CITY-ST-ZIP WOONSOCKET, RI 02895 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
100103092671  
05/23/07--01008--002 \*\*150.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Block 11 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

5/2/07

Date

401 765 1500

Daytime Phone #