


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

04-28-2003 90982 022 ***150.00

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

DOCUMENT # <u>R000000053915</u>	
1. Entity Name ProCare Pharmacy North Orange, Inc. ✓	

DO NOT WRITE IN THIS SPACE

11022114

2. Principal Place of Business One CVS Drive	3. Mailing Address One CVS Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc. Legal Department
City & State Woonsocket RI	City & State Woonsocket RI
Zip 02895	Country USA

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE	4. FEI Number 59-3652006	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
	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 _____ (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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Gregory S. Weishar 695 George Wash Hwy, Lincoln RI 02865	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/S/D Zenon P. Lankowsky One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T John M. Buckley 695 George Wash Hwy, Lincoln RI 02865	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Melanie K. Luker One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Thomas M. Ryan One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Linda M. Cimbron One CVS Drive, Woonsocket RI 02895	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 **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)