

2002 UNIFORM BUSINESS REPORT (UBR)

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

05-08-2002 90093 028 ***150.00

UBR/2437 AI

DOCUMENT # P00000053979

1. Entity Name
PROCARE PHARMACY EAST COLONIAL, INC.

Principal Place of Business Mailing Address
ONE CVS DR ONE CVS DR
WOONSOCKET RI 02895 WOONSOCKET RI 02895

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
Legal Dept
 City & State City & State
Woonsocket RI

Zip Country Zip Country
02895

4. FEI Number **59-3652005** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

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.

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	D RYAN, THOMAS	<input type="checkbox"/> Delete
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE NAME	D ZIGERELLI, LARRY J	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE NAME	DVPS LANKOWSKY, ZENON P	<input type="checkbox"/> Delete
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE NAME	DP BURTON, DENNIS C	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE NAME	T SOLBERG, LARRY D	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE NAME	AS LUKER, MELANIE K	<input type="checkbox"/> Delete
STREET ADDRESS	ONE CVS DR	
CITY-ST-ZIP	WOONSOCKET RI 02895	

TITLE NAME	<i>see attached</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D, P Gregory S. Weishar	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket, RI 02895	
TITLE NAME	T John M. Buckley	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket, RI 02895	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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: Melanie K. Luker Assistant Secretary 4-19-02 Date 401 770 3565 Daytime Phone #

CR2E034 (9/01)