


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

07 MAY -4 PM 3:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P00000053983					
1. Entity Name PROCARE PHARMACY WEST COLUMBIA, INC.					
Principal Place of Business ONE CVS DR WOONSOCKET, RI 02895			Mailing Address ONE CVS DR LEGAL DEPT WOONSOCKET, RI 02895		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3652002	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ DATE: 05/23/07					
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> Delete			
NAME	WEISHAR, GREGORY S				
STREET ADDRESS	695 GEORGE WASH HWY				
CITY-ST-ZIP	LINCOLN, RI 02865				
TITLE	VSD	<input checked="" type="checkbox"/> Delete			
NAME	LANKOWSKY, ZENON P				
STREET ADDRESS	ONE CVS DR				
CITY-ST-ZIP	WOONSOCKET, RI 02895				
TITLE	DVPT	<input checked="" type="checkbox"/> Delete			
NAME	DENTON, DAVID				
STREET ADDRESS	695 GEORGE WASHINGTON HWY				
CITY-ST-ZIP	LINCOLN, RI 02865				
TITLE	AS	<input checked="" type="checkbox"/> Delete			
NAME	LUKER, MELANIE K				
STREET ADDRESS	ONE CVS DR				
CITY-ST-ZIP	WOONSOCKET, RI 02895				
TITLE	AS	<input checked="" type="checkbox"/> Delete			
NAME	CIMBRON, LINDA M				
STREET ADDRESS	ONE CVS DRIVE				
CITY-ST-ZIP	WOONSOCKET, RI 02895				
TITLE		<input type="checkbox"/> Delete			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Howard A. McLure				
STREET ADDRESS	221 Commerce St.				
CITY-ST-ZIP	Nashville, TN 37201				
TITLE	VP/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Carol A. DeNale				
STREET ADDRESS	One CVS Drive				
CITY-ST-ZIP	Woonsocket, RI 02895				
TITLE	VP/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Sara J. Finley				
STREET ADDRESS	221 Commerce Street				
CITY-ST-ZIP	Nashville, TN 37201				
TITLE	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	Thomas S. Moffatt				
STREET ADDRESS	One CVS Drive				
CITY-ST-ZIP	Woonsocket, RI 02895				
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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: _____ DATE: 5/2/07 DAYTIME PHONE: 401 765 1500					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					