


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

04-28-2003 90982 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

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|---|---|
| DOCUMENT # P00000053983 1. Entity Name ProCare Pharmacy West Columbia, Inc. ✓ |  |
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DO NOT WRITE IN THIS SPACE

11022116

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

DO NOT WRITE IN THIS SPACE

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| DO NOT WRITE IN THIS SPACE | 4. FEI Number 59-3652002 | | Applied For <input type="checkbox"/> Not Applicable |
| | 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** _____

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| 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** **4-23-03** **401-770-3565**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/02)