

2001 UNIFORM BUSINESS REPORT (UBR)

0572209

DOCUMENT # P00000053986

1. Entity Name:

PROCARE PHARMACY WEST COPELAND, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

01 APR 30 PM 12:03

Principal Place of Business

Mailing Address

ONE CVS DR
WOONSOCKET RI

ONE CVS DR
WOONSOCKET RI

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3652001

Applied For

Not Applicable

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.

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!
After MAY 1, 2001
Fee IS \$150.00
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 | D | <input checked="" type="checkbox"/> Delete |
| NAME | CONAWAY, CHARLES C | |
| STREET ADDRESS | ONE CVS DR | |
| CITY-ST-ZIP | WOONSOCKET RI | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ZIGERELLI, LARRY J | |
| STREET ADDRESS | ONE CVS DR | |
| CITY-ST-ZIP | WOONSOCKET RI | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | LANKOWSKY, ZENON P | |
| STREET ADDRESS | ONE CVS DR | |
| CITY-ST-ZIP | WOONSOCKET RI | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | BURTON, DENNIS C | |
| STREET ADDRESS | ONE CVS DR | |
| CITY-ST-ZIP | WOONSOCKET RI | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| | | |
|----------------|--------------------------------|--|
| TITLE | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | Thomas Ryan | |
| 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 | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D/VP/S Zenon P. Lankowsky | |
| STREET ADDRESS | One CVS Dr Woonsocket RI 02895 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D/P Dennis Burton | |
| STREET ADDRESS | One CVS Drive | |
| CITY-ST-ZIP | Woonsocket RI 02895 | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T Larry D. Solberg | |
| STREET ADDRESS | One CVS Dr Woonsocket RI 02895 | |
| CITY-ST-ZIP | | |
| TITLE | | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AS Melanie K. Luker | |
| STREET ADDRESS | One CVS Dr Woonsocket RI 02895 | |
| CITY-ST-ZIP | | |

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.01(3)(b), Florida Statutes; 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Melanie K. Luker, Assistant Secretary
(401) 770-3565

Date

Daytime Phone #

CR2E034 (10/00)