## 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000068793  1. Entity Name MIAMI 2ND AVENUE CVS, INC.				PILED  SECRETARY OF STATE  OUT AND 20 AM U. 15				
Principal Place of Business Mailing Address  ONE CVS DR  WOONSOCKET RI 02895  Mailing Address  ONE CVS DR  WOONSOCKET RI 02895							O1 APR 30 AM 11: 15	
Principal Place of Business     3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.							. DO NOT WRITE IN THIS SPACE	
City & Stat	e	City & State				<b>4.</b> F	65 1042254	lied For Applicable
Zip	Country Zip		Country			<b>5.</b> C	ertificate of Status Desired Security \$8.75 Additional Fee Required	onal
	6. Name and Address of Current	Registered Agent		Name		7. N	ame and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S PINE ISLAND RD					address (P.O. Box Number is Not Acceptable)			
PLAN	ITATION FL 33324			City			FL Zip Code	
9. This corporate filling in	named entity submits this statement for signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOT)	Registered	Agent signatu	ure required w	vhen rei		
11.	OFFICERS AND		12.	<u>; }</u>		ADI	DITIONS/CHANGES TO OFFICERS AND DIRECTORS I	N 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ryan, Thomas M One CVS DR Woonsocket RI 02895	<b>⊠</b> Delete					mas M. Ryan CVS Dr. Woonsocket RI 02895	JIIIOII
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZIGERELLI, LARRY J ONE CVS DR WOONSOCKET RI 02895	☐ Delete						- <b>O</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANKOWSKY, ZENON P ONE CVS DR WOONSOCKET RI 02895	<b>\$□</b> Delete					enon P. Lankowsky CVS Dr Woonsocket RI 02895	ddition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Burton, Dennis C One CVS DR Woonsocket RI 02895	□ Delete					Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	8		Т		Larry D. Solberg One CVS Dr Woonsocket RI 02895	> Tion
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			AS		Melanie K. Luker One CVS Dr. Woonsocket RI 02895	AD
13. I hereby o	certify that the information supplied with	this filling does not qualify for	the exer	mption stàt	ed in Sect	tion 1	19.07(3)(i), Florida Statutes. I further certify that the info	rmation director

of the corporation or the receiver or trustee empowered to execute this report is signature shall have the same legal effect as inflate this following of the corporation or the receiver or trustee empowered to execute this report is signature shall have the same legal effect as inflate this find 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

(401) 770-3565

BIGNATURE AND TYPED OR PRINTED NAME OF JONING OFFICER (A DIRECTOR)

Date

Date

Date

Date

Date