

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

04-28-2003 90982 031 \*\*\*150.00

**FOR PROFIT CORPORATION**  
**UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT #** P00000068796

1. Entity Name

Pinecrest CVS, Inc.



**DO NOT WRITE IN THIS SPACE**

**11022105**

2. Principal Place of Business  
**One CVS Drive**

3. Mailing Address  
**One CVS Drive**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Legal Department**

DO NOT WRITE IN THIS SPACE

City & State  
**Woonsocket RI**

City & State  
**Woonsocket RI**

4. FEI Number  
**65-1043254**

Applied For  
☐ Not Applicable

Zip  
**02895**

Country  
**USA**

Zip  
**02895**

Country  
**USA**

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

**DO NOT WRITE IN THIS SPACE**

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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. ☐

**\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**P/D  
Thomas M. Ryan  
One CVS Drive, Woonsocket RI 02895**

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  
Larry D. Solberg  
One CVS Drive, Woonsocket RI 02895**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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  
Christopher W. Bodine  
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

**DO NOT WRITE IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Melanie K. Luker**

**4-23-03**

Date

**401-770-3565**

Daytime Phone #

CR2E034B (12/02)