


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

04-28-2003 90981 028 \*\*\*150.00

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

**DOCUMENT #** P00000088154  
 1. Entity Name  
 Boynton Beach CVS, Inc. 

**DO NOT WRITE IN THIS SPACE**

11022073

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

DO NOT WRITE IN THIS SPACE

4. FEI Number <b>65-1051831</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
<b>7. Name and Address of Current Registered Agent</b>			
Name <b>CT Corporation System</b>			
Street Address (P.O. Box Number is Not Acceptable) <b>1200 South Pine Island Road</b>			
City <b>Plantation</b>		<b>FL</b>	Zip Code <b>33324</b>

**DO NOT WRITE  
 IN THIS SPACE**

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 \_\_\_\_\_ (NOTICE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>January 1 - May 1 Fee is \$150.00</b> <b>After May 1, Fee is \$550.00</b> <b>Amended UBR is \$61.25</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/D</b> <b>Thomas M. Ryan</b> <b>One CVS Drive, Woonsocket RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V/S/D</b> <b>Zenon P. Lankowsky</b> <b>One CVS Drive, Woonsocket RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>Larry D. Solberg</b> <b>One CVS Drive, Woonsocket RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE            IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Melanie K. Luker</b> <b>One CVS Drive, Woonsocket RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Christopher W. Bodine</b> <b>One CVS Drive, Woonsocket RI 02895</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>Linda M. Cimbron</b> <b>One CVS Drive, Woonsocket RI 02895</b>	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)