	UMENT # P010	SINESS REP 00035699	ORT (UBR) /	May 30, 2002 8:00 ai Secretary of State
•	IACRES CVS, INC.			05-08-2002 90094 048 ***150.00
Principal P	Place of Business	Mailing Address	~	
one CVS Woonsoc	077. Xket ri 02895	one CVS dr. Woonsocket Ri (1289	5	
2. Principa	al Place of Business	3. Mailing Address	Drive	
	pt. #, etc.	Suite, Apt. #, etc. De	of	DO NOT WRITE IN THIS SPACE
City & Si	-	Fill State	cet RI	4. FEI Number 58-2626302 Applied For Not Applicable
Zip	Country 6. Name and Address of Current	02895	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
		Hagistered Agent	Name -	7. Name and Address of New Registered Agent
1200 S.	RPORATION SYSTEM PINE ISLAND RD. TION FL 33324			.O. Box Number is Not Acceptable)
The abou	ve named entity submits this statement to	·	City	FL Zip Code
-		······································	E: Registered Agent signature required w	hen reinstating) DATE
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