


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

04-28-2003 90982 017 \*\*\*150.00

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

<b>DOCUMENT #</b> P99000069990 <b>1. Entity Name</b> Federal Highway ProCare Pharmacy, Inc. ✓	
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**DO NOT WRITE IN THIS SPACE**

**11022119**

<b>2. Principal Place of Business</b> One CVS Drive Suite, Apt. #, etc.		<b>3. Mailing Address</b> One CVS Drive Suite, Apt. #, etc. Legal Department	
<b>City &amp; State</b> Woonsocket RI		<b>City &amp; State</b> Woonsocket RI	
<b>Zip</b> 02895	<b>Country</b> USA	<b>Zip</b> 02895	<b>Country</b> USA
<b>4. FEI Number</b> 65-0948817		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			

DO NOT WRITE IN THIS SPACE

<b>DO NOT WRITE IN THIS SPACE</b>	<b>7. Name and Address of Current Registered Agent</b>	
	<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>FL</b> <b>Zip Code</b> 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** \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) **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>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P/D</b> Gregory S. Weishar 695 George Wash Hwy, Lincoln RI 02865	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>V/S/D</b> Zenon P. Lankowsky One CVS Drive, Woonsocket RI 02895	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> John M. Buckley 695 George Wash Hwy, Lincoln RI 02865	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>DO NOT WRITE IN THIS SPACE</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> Melanie K. Luker One CVS Drive, Woonsocket RI 02895	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> Thomas M. Ryan One CVS Drive, Woonsocket RI 02895	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>AS</b> Linda M. Cimbron One CVS Drive, Woonsocket RI 02895	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	

**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)