

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000001274

Entity Name: CAREMARK FLORIDA MAIL PHARMACY, LLC

Current Principal Place of Business:

15800 SW 25TH ST
MIRAMAR, FL 33027

Current Mailing Address:

ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name CAREMARK FLA MAIL PHARMACY
HOLDING, L.L.C.
Address 15800 SW 25TH ST
City-State-Zip: MIRAMA FL 33027

Title P
Name RODRIGUEZ-GOMES, ELIZABETH
Address 15800 SW 25TH ST
City-State-Zip: MIRAMA FL 33027

Title VAS
Name MOFFATT, THOMAS SLUKER
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

Title VS
Name LYONS, TIMOTHY
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: THOMAS S MOFFATT

ASSISTANT SECRETARY 04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date