

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000001295

**Entity Name:** CAREMARK FLORIDA SPECIALTY PHARMACY, LLC

**Current Principal Place of Business:**

1 CVS DRIVE  
WOONSOCKET, RI 02895

**FILED**  
**Apr 21, 2021**  
**Secretary of State**  
**5561307395CC**

**Current Mailing Address:**

1 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. SPEC. PHARMACY HOLDING, LLC  
Address 7930 WOODLAND CENTER BLVD.  
City-State-Zip: TAMPA FL 33614

Title VP, SECRETARY  
Name MOFFATT, THOMAS S  
Address 1 CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY  
Name ST ANGELO, MELANIE K  
Address 1 CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title PRESIDENT / TREASURER  
Name CONROY, JOHN M  
Address 1 CVS DRIVE  
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT TREASURER  
Name BEAULIEU, SHEELAGH M  
Address 200 HIGHLAND CORPORATE DRIVE  
City-State-Zip: CUMBERLAND RI 02864

Title ASSISTANT TREASURER  
Name CLARK, JEFFREY E  
Address 200 HIGHLAND CORPORATE DRIVE  
City-State-Zip: CUMBERLAND RI 02864

Title ASSISTANT SECRETARY  
Name CIMBRON, LINDA M  
Address 1 CVS DRIVE  
LEGAL DEPT  
City-State-Zip: WOONSOCKET RI 02895

Title ASSISTANT SECRETARY  
Name DESOUSA, KIMBERLEY M  
Address 1 CVS DRIVE  
LEGAL DEPT  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MELANIE K ST ANGELO**

**ASSISTANT SECRETARY 04/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date