

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000004029

Entity Name: CAREMARK, L.L.C.**Current Principal Place of Business:**ONE CVS DRIVE
WOONSOCKET, RI 02895**Current Mailing Address:**ONE CVS DRIVE
LEGAL DEPT
WOONSOCKET, RI 02895 US**FEI Number:** 95-3382344**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 RX, L.L.C.
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	PRESIDENT, TREASURER
Name	KLIS, ANNE E
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	ASST. TREASURER
Name	CLARK, JEFFREY E
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	ASST. TREASURER
Name	BEAULIEU, SHEELAGH M
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

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

Title	ASST. SECRETARY
Name	LUKER, MELANIE K
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE K LUKER**ASSISTANT SECRETARY** 04/27/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date