2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 19, 2013
Secretary of State
CC9295709710

DOCUMENT# M07000004525

Entity Name: PROCARE PHARMACY DIRECT, 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: 05-0504251

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	AS
Name	LUKER, MELANIE KLUKER
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895

Title	P
Name	BORATTO, EVA
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	S
Name	HANKINS, SARA
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	VT
Name	WACHSMAN, LESLIE
Address	2211 SANDERS ROAD
City-State-Zip:	NORTHBROOK IL 60062

Title	SVP
Name	ADAMS, LANCE
Address	2211 SANDERS DRIVE
City-State-Zip:	NORTHBROOK IL 60062

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: MELANIE K LUKER ASSISTANT SECRETARY 04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail — Date