

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

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 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. SECRETARY
Name CIMBRON, LINDA M
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 VP, SECRETARY
Name MOFFATT, THOMAS S
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 ASST. SECRETARY
Name DESOUSA, KIMBERLEY M
Address ONE CVS DRIVE
City-State-Zip: WOONSOCKET RI 02895

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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

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY
Name	LUKER, MELANIE K
Address	ONE CVS DRIVE
City-State-Zip:	WOONSOCKET RI 02895