

2025 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F20000001790

Entity Name: CVS ACCOUNTABLE CARE ORGANIZATION INC.**Current Principal Place of Business:**1425 UNION MEETING ROAD
BLUE BELL, PA 19422**Current Mailing Address:**1425 UNION MEETING ROAD
BLUE BELL, PA 19422 US**FEI Number:** 23-2604867**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
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**Officer/Director Detail :**

Title ASSISTANT SECRETARY

Name LEE, EDWARD C.

Address 1425 UNION MEETING ROAD

City-State-Zip: BLUE BELL PA 19422

Title ASSISTANT SECRETARY

Name ST ANGELO, MELANIE K.

Address 1425 UNION MEETING ROAD

City-State-Zip: BLUE BELL PA 19422

Title VICE PRESIDENT/SECRETARY,
DIRECTOR

Name MOFFATT, THOMAS S.

Address 1425 UNION MEETING ROAD

City-State-Zip: BLUE BELL PA 19422

Title ASSISTANT TREASURER

Name COLE, JOSHUA C.

Address 1425 UNION MEETING ROAD

City-State-Zip: BLUE BELL PA 19422

Title SENIOR VICE PRESIDENT AND
TREASURER, DIRECTOR

Name SMITH, TRACY L.

Address 1425 UNION MEETING ROAD

City-State-Zip: BLUE BELL PA 19422

Title ASSISTANT TREASURER

Name ISABELLA, PAUL JR.

Address 1425 UNION MEETING ROAD

City-State-Zip: BLUE BELL PA 19422

Title PRESIDENT

Name MARGIOTTA, JAMES

Address 1425 UNION MEETING ROAD

City-State-Zip: BLUE BELL PA 19422

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MELANIE K. ST ANGELO**ASSISTANT SECRETARY 03/28/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date