

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 12, 2000 8:00 am
Secretary of State

04-12-2000 90103 001 *3,150.00

DOCUMENT # P99000109860

1. Entity Name

MIAMI BEACH PROCARE PHARMACY, INC.

2800

Principal Place of Business

Mailing Address

ONE CVS DR.
 WOONSOCKET RI 02895

ONE CVS DR.
 WOONSOCKET RI 02895

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Attn: Legal Dept.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0971124

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	CONAWAY, CHARLES C	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NELSON, DANIEL C	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D	<input type="checkbox"/> Delete
NAME	BURTON, DENNIS C	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE	D	<input type="checkbox"/> Delete
NAME	LANKOWSKY, ZENON P	
STREET ADDRESS	ONE CVS DR.	
CITY-ST-ZIP	WOONSOCKET RI 02895	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Melanie K. Luker	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket RI 02895	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Solberg	
STREET ADDRESS	One CVS Drive	
CITY-ST-ZIP	Woonsocket RI 02895	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Melanie K. Luker*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-00
 Date

401-770-3565
 Daytime Phone #

CR2E034 (9/99)