



2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S85729 1. Entity Name ECKERD CORPORATION OF FLORIDA, INC.						<p style="font-size: 1.2em; font-weight: bold;">FILED</p> <p style="font-size: 1.1em;">06 APR 21 PM 3:40</p> <p style="font-size: 0.8em;">FLORIDA STATE PALM BEACH, FLORIDA</p>			
Principal Place of Business % CORP TAX DEPT 8333 BRYAN DAIRY RD LARGO, FL 33777 US			Mailing Address PO BOX 10001 DALLAS, TX 75301 US						
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		02252006 Chg-P CR2E034 (11/05)					
City & State		City & State		4. FEI Number 59-3102662				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.									
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees						
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISHAR, GREGORY S 695 GEORGE WASHINGTON HIGHWAY LINCOLN, RI 02865	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTD BUCKLEY, JOHN M 695 GEORGE WASHINGTON HIGHWAY LINCOLN, RI 02865	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD LANKOWSKY, ZENON P ONE CVS DRIVE WOONSOCKET, RI 02895	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS LUKER, MELANIE K ONE CVS DRIVE WOONSOCKET, RI 02895	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS Linda M. Cimbron One CVS Drive Woonsocket, RI 02895	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNATURE: <i>Linda M. Cimbron</i> Linda Cimbron Assistant Secretary				Date 4/5/06		Daytime Phone # 401-765-1500			