## 2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S85729

Entity Name: ECKERD CORPORATION OF FLORIDA, INC.

**Current Principal Place of Business:** 

ONE CVS DRIVE LEGAL DEPARTMENT

**Current Mailing Address:** 

## WOONSOCKET, RI 02895

ONE CVS DRIVE LEGAL DEPARTMENT WOONSOCKET, RI 02895 US

FEI Number: 59-3102662 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 SOUTH 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

**FILED** Apr 23, 2019

**Secretary of State** 

3165260228CC

## Officer/Director Detail:

Title	PD	Title	S
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MOFFATT, THOMAS S Name Name LUKER, MELANIE K Address ONE CVS DRIVE Address ONE CVS DRIVE

WOONSOCKET RI 02895 City-State-Zip: WOONSOCKET RI 02895 City-State-Zip:

Title ASST. TREASURER Title DIRECTOR, VP, TREASURER DENALE, CAROL A Name CLARK, JEFFREY E Name Address ONE CVS DRIVE Address ONE CVS DRIVE LEGAL DEPARTMENT WOONSOCKET RI 02895

City-State-Zip: City-State-Zip: WOONSOCKET RI 02895

Title ASST. TREASURER Title ASST. SECRETARY Name BEAULIEU, SHEELAGH M Name CIMBRON, LINDA M Address ONE CVS DRIVE Address ONE CVS DRIVE LEGAL DEPARTMENT

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 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 LUKER

Electronic Signature of Signing Officer/Director Detail

SECRETARY

04/23/2019