No. W 32575	DUE NO LATER THAN AUG 31, 2008 Annual Report Form	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable EXPRESS PHARMACY SERVICES OF FL, L. MELANIE K LUKER ONE CVS DRIVE WOONSOCKET, RI 02895	CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE, ID 83702 USA 3. New Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Zip
MEMBER	EXPRESS PHARMACY SERVICES OF MO INC	ONE CVS DRIVE	WOONSOCKET	RI	02895

5. Organized Under the Laws of:	6.
FLORIDA W 32575	Signature Melanie Luker Date 10/1/08 Name (Typed or Printed) MELANIE LUKER Title ASS. SEC OF MEMBER