

No. W 81625		Due no later than Feb 28, 2011		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. CAREMARKPCS HEALTH, L.L.C. MELANIE LUKER ONE CVS DR WOONSOCKET RI 02895		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA	
				3. <u>New</u> 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	Country Postal Code
MEMBER	CAREMARK PCS, L.L.C.	ONE CVS DRIVE	WOONSOCKET	RI	USA 02895
5. Organized Under the Laws of: DE W 81625		6. Annual Report must be signed.* Signature: Melanie K Luker Name (type or print): Melanie K Luker Date: 01/28/2011 Title: Authorized Person			
Processed 01/28/2011		* Electronically provided signatures are accepted as original signatures.			