

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M12000001303

**Entity Name:** WALGREENS SLEEP AND RESPIRATORY SERVICES, LLC**Current Principal Place of Business:**300 WILMOT ROAD, MS 3301  
DEERFIELD, IL 60015**Current Mailing Address:**300 WILMOT ROAD, MS 3301  
DEERFIELD, IL 60015**FEI Number:** 36-3259064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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**Authorized Person(s) Detail :**

Title	PD
Name	MASTRAPA, PAUL
Address	1411 LAKE COOK ROAD
City-State-Zip:	DEERFIELD IL 60015

Title	SD
Name	SILVERMAN, ROBERT
Address	104 WILMOT ROAD, MS 1420
City-State-Zip:	DEERFIELD IL 60015

Title	VASD
Name	ZSITEK, LORI
Address	1411 LAKE COOK ROAD
City-State-Zip:	DEERFIELD IL 60015

Title	V
Name	MANN, JOHN
Address	300 WILMOT ROAD, MS 3301
City-State-Zip:	DEERFIELD IL 60015

Title	V
Name	STEINER, RICHARD
Address	104 WILMOT ROAD, MS 1420
City-State-Zip:	DEERFIELD IL 60015

Title	T
Name	FELISH, MICHAEL
Address	300 WILMOT ROAD, MS 3301
City-State-Zip:	DEERFIELD IL 60015

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL FELISH****TREASURER****04/23/2013**\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date