

# F96000000707

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 417-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850) 222-1092

Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
WALGREENS HEALTH INITIATIVES, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

RECEIVED

11 SEP 27 AM 8:02

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TALLAHASSEE, FLORIDA

11 SEP 27 AM 10:06

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*RA to ch*

*TK 9-27-11*

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Walgreens Health Initiatives, Inc.  
Name of Corporation

**DOCUMENT NUMBER:** F9600000707

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce F. Metge  
Name of Contact Person

Walgreens Health Initiatives, Inc.  
Firm/Company

800 King Farm Blvd., 4th Floor  
Address

Rockville, MD 20850  
City/State and Zip Code

licensing@chsi.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kwionna Townsend at ( 301 548-2900 )  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (8/05)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Illinois in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Walgreens Health Initiatives, Inc.
2. The principal office address: 800 King Farm Blvd., 4th Floor, Rockville, MD 20850
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 02/12/1996 Document number: F9600000707
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

THE PRENTICE-HALL CORPORATION SYSTEM, INC  
1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

C T Corporation System

c/o C T Corporation System, 1200 South Pine Island Road

P.O. Box NOT acceptable

Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Bruce F. Metge  
Signature of an officer or director

Bruce F. Metge, Vice President & Secretary  
Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity, I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.

By: Mark Brinkman  
Signature of Registered Agent

9/22/11  
Date

If signing on behalf of an entity:

Mark Brinkman  
Vice President and Assistant Secretary  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
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