Division of	Corporations Florida Department of State Division of Corporations Electronic Filing Cover Sheet
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	To: Division of Corporations Fax Number : (850) 617-6380 From: Account Name : C T CORPORATION SYSTEM Account Number : PCA000000023 Phone : (850) 322-1092 Fax Number : (850) 878-5368 From : Fax Number : Divisioness entity to be used for future:
	er the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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12/9/2011

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## COVER LETTER

## TO: Amendment Section Division of Corporations

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SUBJECT: Walgreens Health Initiatives, Inc.

Name of Corporation

DOCUMENT NUMBER: F96000000707

The enclosed Amendment and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bruce F. Metge

Name of Contact Person

Catalyst Rx Health Initiatives, Inc. Firm/Company

800 King Farm Blvd., 4th Floor Address

Rockville, MD 20850 City/State and Zip Code

licensing@catalystrx.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 check for the following amount:

S35.00 Filing Fee

\$43.75 Filing Fee & Certificate of Status \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed) S52.50 Filing Fee, Certificate of Status & Certified Copy (Additional copy is enclosed)

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

APPLICATION BY FO APPLICATION FOR	REIGN PROFIT	ORPORATION CORPORATION TO ON TO TRANSACT 1	) FILE AMENDMEN BUSINESS IN FLORI	T TO IDA
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(Name )	of corporation as it appears	on the records of the Departme	ant of State)	Ø
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To all to whom these Presents Shall Come, Greeting: I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of

Business Services. I certify that

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION WERE FILED IN THIS OFFICE ON NOVEMBER 10, 2011 CHANGING NAME FROM WALGREENS HEALTH INITIATIVES, INC. TO ( INC. TO CATALYST HEALTH INITIATIVES, INC.



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 7TH 2011 DECEMBER

day of

A.D.

esse White

· 1 .

SECRETARY OF STATE

Authentication #: 1134101857 Authenticate at: http://www.cyberdriveillinois.com