

# **2010 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# F99000003261

Entity Name: WALGREENS HOME CARE, INC.

**FILED**  
**Jun 15, 2010**  
**Secretary of State**

## **Current Principal Place of Business:**

300 WILMOT ROAD MS #3301  
DEERFIELD, IL 60015

## **New Principal Place of Business:**

300 WILMOT ROAD  
MS #3301  
DEERFIELD, IL 60015

## **Current Mailing Address:**

300 WILMOT ROAD MS #3301  
DEERFIELD, IL 60015

## **New Mailing Address:**

485 HALF DAY ROAD  
SUITE 300  
BUFFALO GROVE, IL 60089

FEI Number: 36-4100874

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## **Name and Address of New Registered Agent:**

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

## **OFFICERS AND DIRECTORS:**

Title: VPSC  
Name: SILVERMAN, ROBERT I  
Address: 104 WILMOT RD, MS1420  
City-St-Zip: DEERFIELD, IL 60015

Title: VPAS  
Name: ZSITEK, LORI  
Address: 485 HALF DAY ROAD STE 300  
City-St-Zip: BUFFALO GROVE, IL 60089

Title: PRES  
Name: MASTRAPA, PAUL F  
Address: 485 HALF DAY ROAD STE 300  
City-St-Zip: BUFFALO GROVE, IL 60089

Title: VP  
Name: MANN, JOHN  
Address: 302 WILMOT RD., MS 3301  
City-St-Zip: DEERFIELD, IL 60015

Title: VPT  
Name: KELLEN, MARGARITA  
Address: 300 WILMOT ROAD, MS 3301  
City-St-Zip: DEERFIELD, IL 60015

Title: AT  
Name: FELISH, MICHAEL D  
Address: 302 WILMOT ROAD, MS 3301  
City-St-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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LORI ZSITEK

VP

06/15/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date

Doc # F99000003261

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Walgreens Home Care, Inc.

Document Number F9000003261

ADDITIONAL OFFICER

Vice President Steiner, Richard  
104 Wilmot Road, MS 3301  
Deerfield, IL 60015-5121

Signed: Lori Zsitek  
Lori Zsitek, Vice President