

F99000003261

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

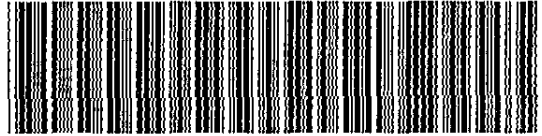
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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*Name
Change
Amend*

RECEIVED
03 JAN 31 AM 11:43
STATE CORPORATIONS
TALLAHASSEE FLORIDA

FILED
03 JAN 31 PM 1:58
STATE CORPORATIONS
TALLAHASSEE FLORIDA
103



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 855087 4319314

AUTHORIZATION

COST LIMIT : \$ 35.00

Patricia Pujols

ORDER DATE : January 31, 2003

ORDER TIME : 10:27 AM

ORDER NO. : 855087-010

CUSTOMER NO: 4319314

CUSTOMER: Ms. Terry Kloepfer
Walgreen Co.
200 Wilmot Road
Law Department Ms 2252
Deerfield, IL 60015

FOREIGN FILINGS

NAME: WALGREENS ADVANCE CARE, INC.

XX PROFIT
 NON-PROFIT

XX CORPORATE
 LIMITED PARTNERSHIP

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore -- EXT# 1147

EXAMINER: _____

PROFIT CORPORATION
APPLICATION BY FOREIGN PROFIT CORPORATION TO FILE AMENDMENT TO
APPLICATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA
(Pursuant to s. 607.1504, F.S.)

SECTION I
(1-3 MUST BE COMPLETED)

F99000003261

Document Number of Corporation (If known)

FILED
03 JAN 31 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

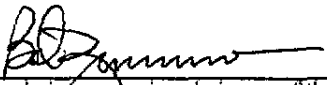
1. WALGREENS ADVANCE CARE, INC.
(Name of corporation as it appears on the records of the Department of State)
2. ILLINOIS (Incorporated under laws of) 3. 6-18-99 (Date authorized to do business in Florida)

SECTION II
(4-7 COMPLETE ONLY THE APPLICABLE CHANGES)

4. If the amendment changes the name of the corporation, when was the change effected under the laws of its jurisdiction of incorporation? 11/19/02
5. WALGREENS HOME CARE, INC.
(Name of corporation after the amendment, adding suffix "corporation" "company" or "incorporated," or appropriate abbreviation, if not contained in new name of the corporation)
6. If the amendment changes the period of duration, indicate new period of duration.

(New duration)
7. If the amendment changes the jurisdiction of incorporation, indicate new jurisdiction.

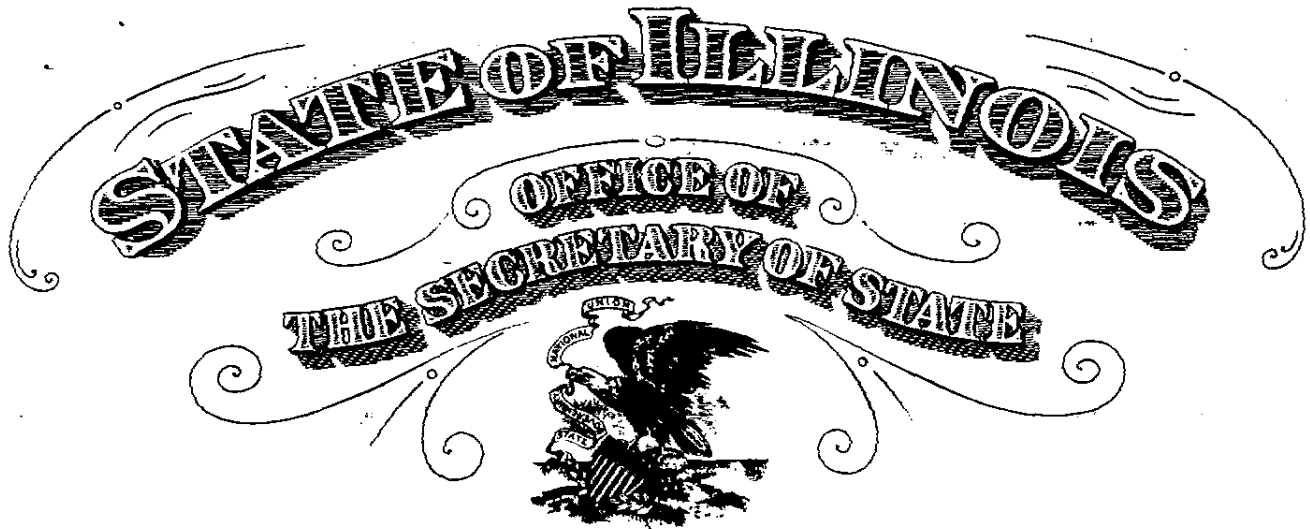
(New jurisdiction)


(Signature of the chairman or vice chairman of the board, president, or any officer, or if the corporation is in the hands of a receiver, trustee, or other court-appointed fiduciary, by that fiduciary)

Bob Zimmerman
(Typed or printed name)

1/19/03
(Date)

Vice President
(Title)



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that

ARTICLES OF AMENDMENT TO THE ARTICLES OF INCORPORATION WERE FILED IN THIS OFFICE NOVEMBER 19, 2002 CHANGING NAME FROM WALGREENS ADVANCE CARE, INC. TO WALGREENS HOME CARE, INC.



In Testimony Whereof, I, hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 20TH **day of** DECEMBER **A.D.** 2002.

Jesse White

SECRETARY OF STATE