

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003086

FILED
Apr 11, 2012
Secretary of State

Entity Name: WALGREENS SPECIALTY CARE CENTERS, LLC

Current Principal Place of Business:

300 WILMOT ROAD
MS 3301
DEERFIELD, IL 60015

New Principal Place of Business:

Current Mailing Address:

300 WILMOT ROAD
MS 3301
DEERFIELD, IL 60015

New Mailing Address:

FEI Number: 20-2905689 **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

MANAGING MEMBERS/MANAGERS:

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

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

Title: SEC
Name: SILVERMAN, ROBERT
Address: 104 WILMOT ROAD, MS 1425
City-St-Zip: DEERFIELD, IL 60015

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

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

I hereby certify that the information indicated on this 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.

SIGNATURE: MICHAEL FELISH

TREA

04/11/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date