

M05000004754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

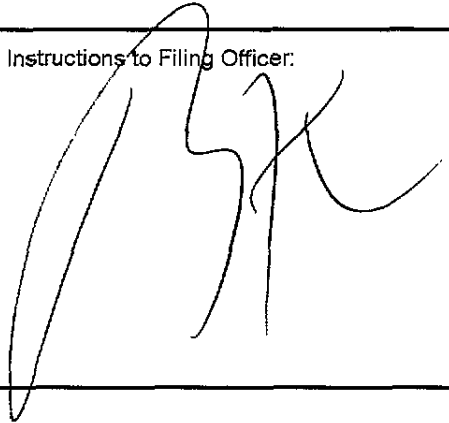
PICK-UP WAIT MAIL

(Business Entity Name)

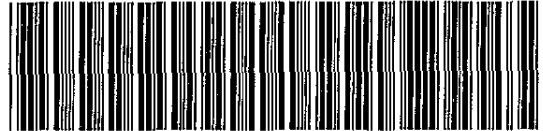
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 548697 4319314
AUTHORIZATION : *Patricia Tigit*
COST LIMIT : \$ 130.00

FILED
05 AUG 25 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 17, 2005
ORDER TIME : 2:26 PM
ORDER NO. : 548697-125
CUSTOMER NO: 4319314

CUSTOMER: Sara Roach
Walgreen Co.
104 Wilmot Road
Law Department Ms#1425
Deerfield, IL 60015

FOREIGN FILINGS

NAME: SENIORMED LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea -- EXT# 2914

EXAMINER: _____

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

SeniorMed LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Corporation Service Company

By: 

(Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

RIDER

SeniorMed LLC

Managers

Gregory D. Wasson, 1417 Lake Cook Road, Deerfield, IL 60015

Allan M. Resnick, 104 Wilmot Road, Deerfield, IL 60015

Robert Zimmerman, 1417 Lake Cook Road, Deerfield, IL 60015

John W. Gleeson, 200 Wilmot Road, Deerfield, IL 60015

RIDER

SeniorMed LLC

Purpose

The operation of pharmacies and drug stores, and the transaction of any or all lawful business for which limited liability companies may be organized under the Illinois Limited Liability Company Act.

File Number

0155966-4



To all to whom these Presents Shall Come, Greeting:

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

SENIORMED LLC,
HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 05, 2005,
APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED
LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING
OF THE ARTICLES AND PAYMENT, AND IS ORGANIZED TO TRANSACT
BUSINESS IN THE STATE OF ILLINOIS.



*In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this* 25TH
day of AUGUST *A.D.* 2005

Jesse White

SECRETARY OF STATE