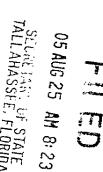
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(Reque	estor's Name)	
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(Docur	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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ACCOUNT NO. : 072100000032

REFERENCE: 548697 4319314

AUTHORIZATION :

COST LIMIT : \$ 130.00

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:



APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZA TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

SeniorMed LLC		
(Name of Foreign Limite	ed Lia	ibility Company)
Illinois		20-3145511
(Jurisdiction under the law of which foreign limited liabilit company is organized)	у	(FEI number, if applicable)
July 5, 2005	- 5.	Perpetual (Duration: Year limited liability company will cease to
(Date of Organization)		(Duration: Year limited liability company will cease to exist or "perpetual")
N/A		
(Date first transacted business in (See sections 608.501 & 608.502 I	Flor	ida, if prior to registration.) o determine penalty liability)
. 104 Wilmot Road, MS #1425, Deerfield, I	Illi	nois 60015
*		
(Street Addre	ess of	Principal Office)
. If limited liability company is a manager-manag	rad c	company check here
. If fithited flability company is a manager-manag	cu c	ompany, eneck here v
. The name and usual business addresses of the m	anas	ging members or managers are as follows:
		,,
See attached rider		
	_:	
 Attached is an original certificate of existence, no more than see jurisdiction under the law of which it is organized. (A photocomulation of the certificate under eath of the translator must be seen. 	∞ру	=
1. Nature of business or purposes to be conducted	l or p	promoted in Florida: See attached rider
		many to strong .
1. 1.		<u> </u>
- 11 de 11 de	_	
		norized representative of a member, the execution of this document constitutes
an affirmation under the penalties of p		

Allan M. Resnick, Assistant Secretary, Walgreen Co.

Typed or printed name of signee

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 Co	ompany is:		
SeniorMed L	LC		a section of the sect	arte a
2. The name	and the Florida street addr	ess of the registere	d agent and office a	re:
	Corporation Service	e Company		aregin s
		(Name)		
	1201 Hays Street			
	Florida Street	Address (P.O. Box N	OT ACCEPTABLE)	
	Tallahassee	FL 3	2301	
		City/State/Zip	p	

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.

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

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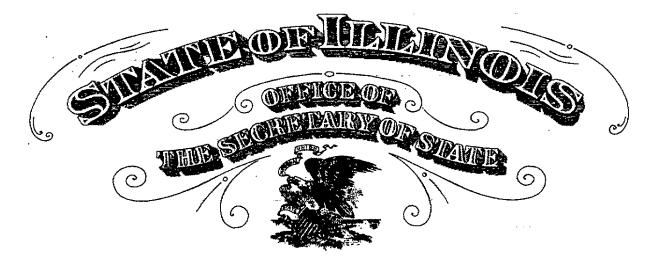
SeniorMed LLC

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 25TH the State of Illinois, this

day of

A.D.

2005