

M05000004754

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

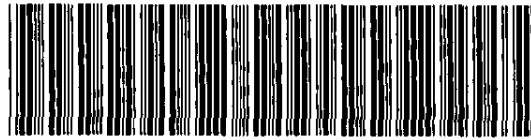
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2010 FEB 17 AM 10:45
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FILED
SECRETARY OF STATE
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10 FEB 17 PM 12:54

B. KOHR
FEB 17 2010
EXAMINER



CORPORATION SERVICE COMPANY

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
10 FEB 17 PM 12:54

ACCOUNT NO. : I20000000195
REFERENCE : 282330 4319314
AUTHORIZATION : *[Signature]*
COST LIMIT : \$25.00

ORDER DATE : February 11, 2010

ORDER TIME : 5:12 PM

ORDER NO. : 282330-010

CUSTOMER NO: 4319314

FOREIGN FILINGS

NAME: SENIORMED, LLC

CORPORATE
 LIMITED PARTNERSHIP
 LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
 PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd -- EXT#

EXAMINER: _____

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO APPLICATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FEB 17 PM 12:54

SECTION I (1-3 must be completed)

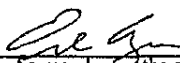
1. Name of limited liability company as it appears on the records of the Florida Department of State: SeniorMed, LLC
2. Jurisdiction of its organization: ILLINOIS
3. Date authorized to do business in Florida: August 25, 2005

SECTION II (4-7 complete only the applicable changes)

4. If the amendment changes the name of the limited liability company, when was the change effected under the laws of its jurisdiction of organization? January 14, 2010
5. New name of the limited liability company: Walgreens Long-Term Care Pharmacy, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

6. If the amendment changes the period of duration, indicate new period of duration:
n/a
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:
n/a
8. If the amendment corrects any false statement, indicate the statement being corrected and the correction: n/a
9. Attached is an original certificate, no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.


Signature of a member or the authorized representative of a member

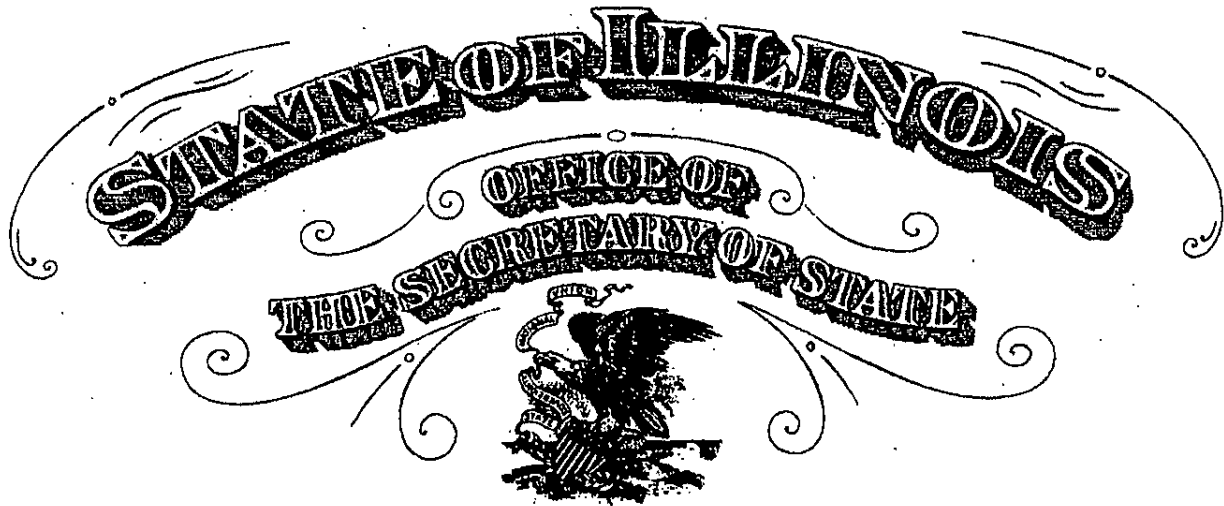
Oren B. Azar

Typed or printed name of signer

Filing Fee: \$25.00

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 I am the keeper of the records of the Department of Business Services. I certify that

SENIORMED, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 5, 2005. THIS LIMITED LIABILITY COMPANY CHANGED THEIR NAME TO WALGREENS LONG-TERM CARE PHARMACY, LLC, ON DECEMBER 18, 2009 APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE RELATING TO THE FILING OF THE ARTICLES, 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 16TH
day of FEBRUARY A.D. 2010*

Jesse White

Authentication #: 1004701363

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE