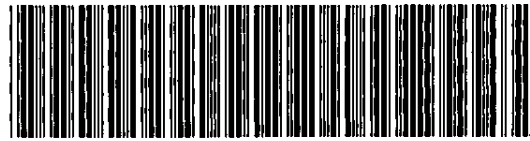


M05000004754



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01/03/12--01016--021 **90.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK
JAN - 9 2012
EXAMINER



December 30, 2011

Via Federal Express

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Certificate of Amendment for a Foreign Limited Liability Company
Fictitious Name Registration

Dear Sir or Madam:

Enclosed please find a completed certificate of amendment for a foreign limited liability company changing the name of Walgreens Long-Term Care Pharmacy, LLC to Medication Adherence Solutions, LLC along with an application for the registration of a fictitious name for the registration of the fictitious name DailyMed Pharmacy and one check in the amount of \$90.00 for the \$25.00 amendment and the \$60.00 fee for the fictitious name registration. Please return the stamped filing to my attention at the address below.

Should you have any questions or require additional information, I may be reached at (847) 527-4238 or via e-mail at robin.vancleave@walgreens.com.

Sincerely,

Robin E. Van Cleave
Manager, License Administration

Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medication Adherence Solutions, LLC
(Name of Foreign Limited Liability Company)

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robin Van Cleave
(Name of Person)

Walgreens
(Firm/Company)

300 Wilmot Rd., MS 3301
(Address)

Deerfield, IL 60015
(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Van Cleave at (847) 364-6583
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- \$25 Filing Fee \$30 Filing Fee & Certificate of Status \$55 Filing Fee & Certified Copy \$60 Filing Fee, Certificate of Status & Certified Copy

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TALLAHASSEE, FLORIDA

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

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: Walgreens Long-Term Care Pharmacy, LLC
- 2. Jurisdiction of its organization: Illinois MO5000004754
- 3. Date authorized to do business in Florida: 08/25/2005

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? 11/23/2011
- 5. New name of the limited liability company: Medication Adherence Solutions, LLC
(must end with "Limited Liability Company," "L.L.C.," or "LLC.")

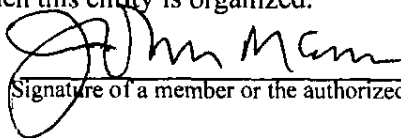
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must end with "Limited Liability Company," "L.L.C." or "LLC.")

- 6. If the amendment changes the period of duration, indicate new period of duration:

- 7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

- 8. If the amendment corrects any false statement, indicate the statement being corrected and the correction:

- 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.

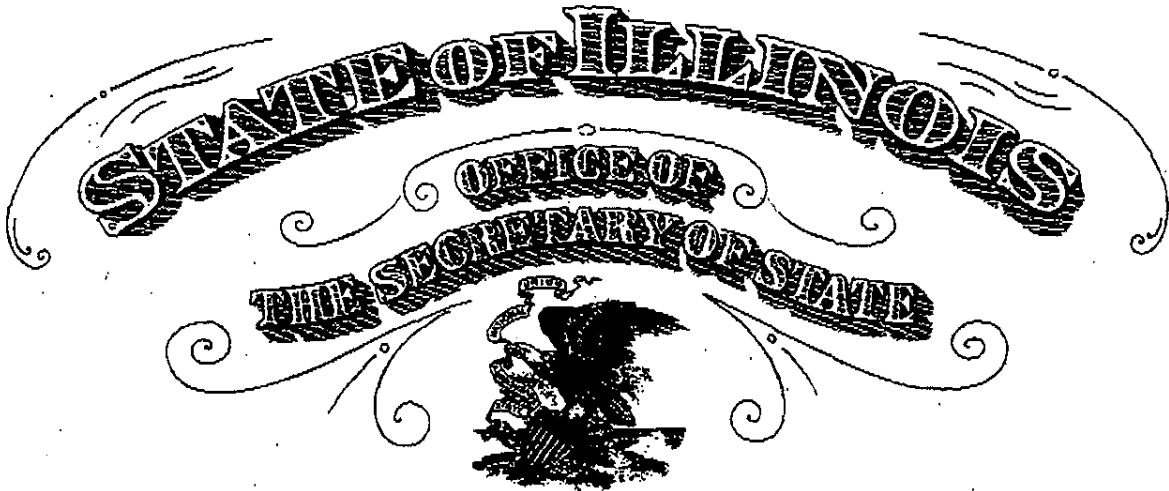

Signature of a member or the authorized representative of a member

John Mann
Typed or printed name of signee

Filing Fee: \$25.00

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TALLAHASSEE
FLORIDA

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

MEDICATION ADHERENCE SOLUTIONS, 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, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
12 JAN -9 PM 3:11
F11 P11



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of the State of Illinois, this 21ST day of DECEMBER A.D. 2011

Jesse White

SECRETARY OF STATE

Authentication #: 1138501774
Authenticate at: <http://www.cyberdrivellinois.com>



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 5, 2012

ROBIN VAN CLEAVE
WALGREENS
300 WILMOT ROAD, MS 3301
DEERFIELD, IL 60015

SUBJECT: WALGREENS LONG-TERM CARE PHARMACY, LLC
Ref. Number: M05000004754

We have received your document for WALGREENS LONG-TERM CARE PHARMACY, LLC and your check(s) totaling \$90.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate or a document of similar import evidencing the amendment must be submitted with the application. The certificate should be authenticated as of a date not more than 90 days prior to delivery of the application to the Department of State by the Secretary of State or other official having custody of the records in the jurisdiction under the laws of which it is incorporated, formed, or organized. A translation of the certificate, under oath or affirmation of the translator, must be attached to a certificate which is not in English.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 412A00000322