

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M10000005336

FILED  
Apr 25, 2011  
Secretary of State

**Entity Name:** WALGREENS SPECIALTY PHARMACY, LLC

**Current Principal Place of Business:**

500 NOBLESTOWN RD.  
CARNEGIE, PA 15106

**New Principal Place of Business:**

**Current Mailing Address:**

500 NOBLESTOWN RD.  
CARNEGIE, PA 15106

**New Mailing Address:**

FEI Number: 30-0198787

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: MGRM  
Name: WALGREENS SPECIALTY PHARMACY HOLDINGS, INC  
Address: 200 WILMOT RD.  
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

AT

04/25/2011

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