FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90193 028 ***150.00

DOCUMENT # P03000059352

1. Entity Name
WALGREENS MEDICAL SUPPLIES INC

DO NOT WRITE IN THIS SPACE

24068173

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1399 N.W 17 AVE	1399 N.W 17 AVE.
Suite, Apt. #, etc. 205	Suite, Apt. #, etc. 205
City & State MIAMI, FL	City & State MIAMI-FL.
Zip 33125 Country DADE	Zip 33125 Country DADE

4. FEI Number 87-0697419 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name REYES JUANA F.

Street Address (P.O. Box Number is Not Acceptable)

1399 N.W. 17 AVE. # 205

City MIAMI. FL Zip Code 33125

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REYES JUANA F. 1399 N.W. 17 AVE. SUITE 205 MIAMI-FL. 33125
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Juana Reyes. 04-27-004 (305) 325-0211
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #