*** FILE NOW. FILING FEE AFTER MAY 1 IS $225.00 ***

CORPORATION
~~ANNUAL~~ REPORT
1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 MAY -2 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
WALGREENS HEALTHCARE PLUS INC

DOCUMENT #
P 38816 (5)

Mailing Address
300 WILMOT RD
DEERFIELD IL 60015

Principal Place of Business

If above addresses are incorrect in any way, line through incorrect information and enter correction below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/92	3a. Date of Last Report: 4/28/94
2. Mailing Address (21)	2a. Principal Place of Business (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)
4. FEI Number: 36-3796738	Applied For ☐ Not Applicable ☐
5. Certificate of Status Desired: $8.75 Additional Fee Required ☐	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit Exempt from $138.75 Supplemental Fee ☐	
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent
PRENTICE-HALL CORPORATION SYSTEM
1201 HAYS STREET, SUITE 105
TALLAHASSEE, FL 32301

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	SEE RIDER	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	000001484840 -05/12/95--01005--018 ****200.00 ****200.00
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ J.H. LEVIN - TREAS. 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

WALGREENS HEALTHCARE PLUS, INC.

Officers & Directors

Name	Title	Residence Address
*R. Halaska 395-38-9448	President	20742 W. Lexington Kildeer, IL 60047
*J. R. Brown 317-34-8701	Vice President	1495 Lake Shore Court Barrington, IL 60010
*A. M. Resnick 295-42-0825	Vice President	1822 Smith Road Northbrook, IL 60062
J. H. Levin 347-30-9339	Treasurer	1030 Sunset Court Deerfield, IL 60015 (Mailing Address: 300 Wilmot Road Deerfield, IL 60015)
E. H. King 441-44-4128	Secretary	350 Taylor Ct. Vernon Hills, IL 60062 (Mailing Address: P.O. Box 302 Deerfield, IL 60015)
B. R. Dancy 319-42-5055	Assistant Treasurer	402 Hill Ct. Wauconda, IL 60084
R. M. Silverman 331-50-3655	Assistant Secretary	1400 Kingsport Court Northbrook, IL 60062

*Indicates Director

4-7-95