

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Murfham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P38816** (5)

1. Corporation Name
WALGREENS HEALTHCARE PLUS, INC.

Principal Place of Business

300 WILMOT ROAD
DEERFIELD IL 60015
US

Mailing Address

300 WILMOT ROAD
DEERFIELD IL 60015
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/15/1992** 3a. Date of Last Report **05/01/1994**
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**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

30 Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS ST.
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
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0312 and 607.0308, 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, Sections 607.0305, Florida Statutes.

SIGNATURE

Signature of the president or officer of the corporation

Signature of the Registered Agent of the corporation

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	HALASKA, ROBERT
STREET ADDRESS	20742 W. LEXINGTON
CITY - ST - ZIP	KILDEER IL 60047
TITLE	VP
NAME	RESNICK, ALLAN M.
STREET ADDRESS	1822 SMITH RD.
CITY - ST - ZIP	NORTHBROOK IL 60062
TITLE	VP
NAME	BROWN, JOHN R.
STREET ADDRESS	1495 LAKE SHORE COURT
CITY - ST - ZIP	BARRINGTON IL 60012
TITLE	S
NAME	KING, E.H.
STREET ADDRESS	350 TAYLOR CT.
CITY - ST - ZIP	DEERFIELD IL 60015
TITLE	T
NAME	LEVIN, JOEL H.
STREET ADDRESS	1030 SUNSET COURT
CITY - ST - ZIP	DEERFIELD IL 60015
TITLE	AS
NAME	SILVERMAN, ROBERT
STREET ADDRESS	1400 KINGSPORT COURT
CITY - ST - ZIP	NORTHBROOK IL 60062

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	300001808583
44 CITY - ST - ZIP	-05/06/96--01023--022
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	***200.00
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(b), Florida Statutes. 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 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 12 or Block 13, if changed, or on an attached sheet with an address.

SIGNATURE: *Joel H. Levin* **Joel H. Levin, Treasurer** 4-22-96 (847) 317-5433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR