

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 29, 1999 8:00 am  
Secretary of State

04-29-1999 90221 029 \*\*\*150.00

DOCUMENT # P38816

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

4. FEI Number

36-3796738

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

THE PRENTICE HALL CORPORATION SYSTEM, INC  
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, 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, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME HALASKA, ROBERT  
STREET ADDRESS 20742 W. LEXINGTON  
CITY-ST-ZIP KILDEER IL 60047

TITLE VP ☐ DELETE

NAME RESNICK, ALLAN M.  
STREET ADDRESS 1822 SMITH RD.  
CITY-ST-ZIP NORTHBROOK IL 60062

TITLE VP ☐ DELETE

NAME BERNAUER, D. W.  
STREET ADDRESS 4 COVENTRY  
CITY-ST-ZIP LINCOLNSHIRE IL 60069

TITLE S ☐ DELETE

NAME KING, E.H.  
STREET ADDRESS 350 TAYLOR CT.  
CITY-ST-ZIP DEERFIELD IL 60015

TITLE T ☒ DELETE

NAME LEVIN, JOEL H.  
STREET ADDRESS 1030 SUNSET COURT  
CITY-ST-ZIP DEERFIELD IL 60015

TITLE AS ☐ DELETE

NAME SILVERMAN, ROBERT  
STREET ADDRESS 1400 KINGSPOUR COURT  
CITY-ST-ZIP NORTHBROOK IL 60062

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P, D ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE VP, D ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE VP, D ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE T ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0527942

CR2E034 (11/98)