

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2002 8:00 am
Secretary of State

05-02-2002 90111 047 ***150.00

DOCUMENT # P38816

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

36-3796738

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM, INC
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
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	<input type="checkbox"/> Delete
	PD	HALASKA, ROBERT	20742 W. LEXINGTON KILDEER IL 60047	<input type="checkbox"/>
	VD	RESNICK, ALLAN M.	1822 SMITH RD. NORTHBROOK IL 60062	<input type="checkbox"/>
	VD	BERNAUER, D. W	4 COVENTRY LINCOLNSHIRE IL 60069	<input type="checkbox"/>
	S	KING, E.H.	350 TAYLOR CT. DEERFIELD IL 60015	<input type="checkbox"/>
	T	KELLEN, M.E.	300 WILMOT RD DEERFIELD IL 60015	<input type="checkbox"/>
	AS	SILVERMAN, ROBERT	1400 KINGSPOUT COURT NORTHBROOK IL 60062	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 Block 12 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

M.E. KELLEN, ASSESSOR TREASURER 3/15/02

Date

Daytime Phone #

CR2E034 (9/01)