

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91277 008 ***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**

11022943



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **36-3796738**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **PD** ☒ Delete
NAME **HALASKA, ROBERT**
STREET ADDRESS **20742 W. LEXINGTON**
CITY-ST-ZIP **KILDEER IL 60047**

TITLE **President/Director** ☐ Change ☒ Addition
NAME **Gregory D. Wasson**
STREET ADDRESS **1417 Lake Cook Road**
CITY-ST-ZIP **Deerfield, IL 60015**

TITLE **VD** ☐ Delete
NAME **RESNICK, ALLAN M.**
STREET ADDRESS **1822 SMITH RD.**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** ☐ Delete
NAME **BERNAUER, D. W**
STREET ADDRESS **4 COVENTRY**
CITY-ST-ZIP **LINCOLNSHIRE IL 60069**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **KING, E.H.**
STREET ADDRESS **350 TAYLOR CT.**
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **KELLEN, M.E.**
STREET ADDRESS **300 WILMOT RD**
CITY-ST-ZIP **DEERFIELD IL 60015**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **AS** ☐ Delete
NAME **SILVERMAN, ROBERT**
STREET ADDRESS **1400 KINGSPOUR COURT**
CITY-ST-ZIP **NORTHBROOK IL 60062**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Margarita E. Kellen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Margarita E. Kellen, Treasurer

4/23/03 847-914-2500

Date

Daytime Phone #

CR2E034 (10/02)