

2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000003086

Entity Name: WALGREENS SPECIALTY CARE CENTERS, LLC**Current Principal Place of Business:**300 WILMOT ROAD
DEERFIELD, IL 60015**Current Mailing Address:**300 WILMOT ROAD
DEERFIELD, IL 60015 US**FEI Number:** 20-2905689**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**_____
Electronic Signature of Registered Agent_____
Date**Authorized Person(s) Detail :**

Title	PRESIDENT
Name	ELLIS, MIKE
Address	108 WILMOT ROAD
City-State-Zip:	DEERFIELD IL 60015

Title	VICE PRESIDENT/SECRETARY
Name	ZSITEK, LORI
Address	108 WILMOT ROAD
City-State-Zip:	DEERFIELD IL 60015

Title	VICE PRESIDEN
Name	FELISH, MICHAEL
Address	108 WILMOT ROAD
City-State-Zip:	DEERFIELD IL 60015

Title	VP
Name	MANN, JOHN
Address	108 WILMOT ROAD
City-State-Zip:	DEERFIELD IL 60015

Title	VICE PRESIDENT/SECRETARY
Name	REED, JAN S
Address	108 WILMOT ROAD
City-State-Zip:	DEERFIELD IL 60015

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MICHAEL FELISH

VICE PRESIDENT

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail_____
Date