

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000005336

Entity Name: WALGREENS SPECIALTY PHARMACY, LLC

Current Principal Place of Business:

300 WILMOT ROAD
DEERFIELD, IL 60015

Current Mailing Address:

300 WILMOT ROAD
DEERFIELD, IL 60015 US

FEI Number: 30-0198787

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 MGRM
Name WALGREENS SPECIALTY PHARMACY
HOLDINGS, INC
Address 300 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

AUTHORIZED PERSON

04/29/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date