

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # 848997

1. Entity Name
OMNICARE, INC.



Principal Place of Business
100 E. RIVERCENTER BLVD.
STE. 1600
COVINGTON, KY 41011 US

Mailing Address
100 E. RIVERCENTER BLVD.
STE. 1600
COVINGTON, KY 41011 US

DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number
31-1001351

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE
IN THIS SPACE**

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, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPH ERWIN, W. GARY 36 CEDAR BROOK ROAD ARDMORE, PA 19003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD HUTTON, E L 6680 MIRALAKE DR CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GEMUNDER, JOEL F 5910 SENTINEL RIDGE CINCINNATI, OH 45243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MARSH, THOMAS R. 3068 BALSAM COURT EDGEWOOD, KY 41017
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD HODGES, CHERYL D 100 E. RIVERCENTER BLVD., STE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCNAMARA, KEVIN J 2958 GRANDIN ROAD CINCINNATI, OH 45208

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IN THIS SPACE**

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05/09/07-80039-025 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____

Thomas R. Marsh
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R. Marsh

04/23/2007

Date

(859) 392-7358

Daytime Phone #