

# **2011 LIMITED PARTNERSHIP ANNUAL REPORT**

DOCUMENT# B02000000367

**FILED**  
**Mar 19, 2011**  
**Secretary of State**

**Entity Name:** OMNICARE PHARMACY OF FLORIDA, LP

**Current Principal Place of Business:**

100 E. RIVERCENTER BLVD., STE. 1600  
COVINGTON, KY 41011

**New Principal Place of Business:**

100 E. RIVERCENTER BLVD., SUITE 1600  
COVINGTON, KY 41011

**Current Mailing Address:**

100 E. RIVERCENTER BLVD., STE. 1600  
COVINGTON, KY 41011

**New Mailing Address:**

100 E. RIVERCENTER BLVD., SUITE 1600  
COVINGTON, KY 41011

**FEI Number:** 76-0716528

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

**Name and Address of New Registered Agent:**

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

**GENERAL PARTNER INFORMATION:**

Document #: M02000002909  
Name: PHARMACY HOLDING #2, LLC  
Address: 100 E. RIVERCENTER BLVD., STE. 1600  
City-St-Zip: COVINGTON, KY 41011

**ADDRESS CHANGES ONLY:**

Address: 100 E. RIVERCENTER BLVD., SUITE 1600  
City-St-Zip: COVINGTON, KY 41011

I hereby certify that the information indicated on this 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: REGIS T ROBBINS

AUT

03/19/2011

Electronic Signature of Signing General Partner

Date