

2012 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# B02000000367

FILED
Apr 26, 2012
Secretary of State

Entity Name: OMNICARE PHARMACY OF FLORIDA, LP

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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., SUITE 1600
City-St-Zip: COVINGTON, KY 41011

ADDRESS CHANGES ONLY:

Address:
City-St-Zip:

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: JONATHAN D. KUKULSKI

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04/26/2012

Electronic Signature of Signing General Partner

Date