

2004 FOR PROFIT CORPORATION REINSTATEMENT



FILED

04 NOV 23 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



10252004 REIN-P CR2E098 (6/04)

DOCUMENT # F9600004283			
1. Entity Name NEIGHBORCARE, INC.			
Principal Place of Business 101 EAST STATE STREET KENNETT SQUARE, PA 19348 US		Mailing Address 101 EAST STATE STREET KENNETT SQUARE, PA 19348 US	
2. Principal Place of Business <i>601 EAST PRATT ST.</i>		3. Mailing Address	
Suite, Apt. #, etc. <i>N/A</i>		Suite, Apt. #, etc.	
City & State <i>BALTIMORE, MD</i>		City & State	
Zip <i>21201</i>	Country <i>US</i>	Zip	Country
4. FEI Number 06-1132947		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		Additional Fee Required \$8.75	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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: **VickiAnn Owens**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature Required When Not Applying)

DATE: *11/8/04*

FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD FISH, ROBERT 101 E. STATE ST KENNETT SQUARE, PA 19348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(SEE ATTACHED LIST OF OFFICERS AND DIRECTORS) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD HAGER, GEORGE 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800042963908 11/23/04--01058--005 **158.75 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HAUSWALD, BARBARA J 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SV WANKMILLER, JAMES 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V SCHUEFTAN, NORMAN 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKEON, JAMES V. 101 EAST STATE STREET KENNETT SQUARE, PA 19348 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Tax Officer** 10/25/04 (616) 925-4135
Signature and typed or printed name of signing officer or director Date Daytime Phone #

**NEIGHBORCARE, INC.
OFFICERS and DIRECTORS**

12-01-2003 - 09-30-2004

(NeighborCare, Inc. - Document: #F96000004283)

OFFICERS	NAME	ADDRESS	CITY & STATE	ZIP	TERM
Chief Executive Officer	John J. Arlotta	601 East Pratt Street	Baltimore, MD	21202	Perpetual
Chief Operating Officer	Robert Smith	601 East Pratt Street	Baltimore, MD	21202	Perpetual
Chief Financial Officer	Richard W. Hunt	601 East Pratt Street	Baltimore, MD	21202	Perpetual
President	John Kordash	601 East Pratt Street	Baltimore, MD	21202	Perpetual
Secretary	John F. Gaither, Jr.	601 East Pratt Street	Baltimore, MD	21202	Perpetual
Vice President	Kathleen Ayres	601 East Pratt Street	Baltimore, MD	21202	Perpetual
Tax Officer	Norman Schueffan	101 East State Street	Kennett Square, PA	19348	Perpetual

DIRECTORS	NAME	ADDRESS	CITY & STATE	ZIP	TERM
Chairman of the Board	John J. Arlotta	601 East Pratt Street	Baltimore, MD	21202	Perpetual
Assistant to the Chairman	John Kordash	601 East Pratt Street	Baltimore, MD	21202	Perpetual