


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90181 024 ***150.00

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DOCUMENT # F96000004283			
1. Entity Name NEIGHBORCARE, INC.			
Principal Place of Business 601 EAST PRATT ST BALTIMORE, MD 21202 US		Mailing Address 601 EAST PRATT ST BALTIMORE, MD 21202 US	
2. Principal Place of Business 100 E. Rivercenter Blvd. Suite, Apt. #, etc. Suite 1600 City & State Covington, Ky Zip 41011 Country Kenton		3. Mailing Address 100 E. Rivercenter Blvd. Suite, Apt. #, etc. Suite 1600 City & State Covington, Ky Zip 41011 Country Kenton	
4. FEI Number 06-1132947		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO ARLOTTA, JOHN J 601 EAST PRATT ST BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Tracy Finn 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COO SMITH, ROBERT 601 EAST PRATT ST BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas Marsh 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO HUNT, RICHARD W 601 EAST PRATT ST BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Regis Robbins 100 E. Rivercenter Blvd., Ste. 1600 Covington, Ky 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KORDASH, JOHN 601 EAST PRATT ST BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD GAIHER, JOHN F JR 601 EAST PRATT ST BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V AYRES, KATHLEEN 601 EAST PRATT ST BALTIMORE, MD 21202 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Thomas R. Marsh</u>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	
		Date: <u>04/26/2006</u> Daytime Phone #: <u>(859) 392-3463</u>	