

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005299

FILED
Mar 17, 2011
Secretary of State

Entity Name: NCS HEALTHCARE OF FLORIDA, INC.

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: 34-1843258

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

OFFICERS AND DIRECTORS:

Title: PD
Name: CIALDINI, JAMES
Address: 100 RIVERCENTER BLVD., SUITE 1600
City-St-Zip: COVINGTON, KY 41011

Title: VP
Name: CIALDINI, JAMES
Address: 100 E. RIVERCENTER BLVD., STE 1600
City-St-Zip: COVINGTON, KY 41011

Title: T
Name: ABBOTT, BRADLEY S
Address: 100 E. RIVERCENTER BLVD., STE 1600
City-St-Zip: COVINGTON, KY 41011

Title: ATD
Name: MARSH, THOMAS R
Address: 100 E. RIVERCENTER BLVD., STE. 1600
City-St-Zip: COVINGTON, KY 41011

Title: SD
Name: ROBBINS, REGIS T
Address: 100 E. RIVERCENTER BLVD, STE. 1600
City-St-Zip: COVINGTON, KY 41011

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REGIS T ROBBINS

S

03/17/2011

Electronic Signature of Signing Officer or Director

Date