


2004 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F98000004102 1. Entity Name NEIGHBORCARE PHARMACY SERVICES, INC.	
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FILED
04 NOV 23 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 101 EAST STATE STREET KENNETT SQUARE, PA 19348 US	Mailing Address 101 EAST STATE STREET KENNETT SQUARE, PA 19348 US
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2. Principal Place of Business 601 EAST PRATT STREET Suite, Apt. #, etc. N/A	3. Mailing Address Suite, Apt. #, etc.
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10252004 REIN-P CR2E098 (6/04)

City & State BALTIMORE, MD	City & State	4. -FEI Number 23-2963282	Applied For Not Applicable
Zip 21202	Country US	Zip	Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

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 reinstating)
 Special Assistant Secretary 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	CCEO	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISH, ROBERT			NAME	(SEE ATTACHED LIST OF OFFICERS AND DIRECTORS) 300042963873 11/23/04--01058--004 **158.75		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS				
CITY-ST-ZIP	KENNETT SQUARE, PA		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUEFTAN, NORMAN			NAME	(SEE ATTACHED LIST OF OFFICERS AND DIRECTORS) 300042963873 11/23/04--01058--004 **158.75		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS				
CITY-ST-ZIP	KENNETT SQUARE, PA		CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAGER JR, GEORGE V			NAME	(SEE ATTACHED LIST OF OFFICERS AND DIRECTORS) 300042963873 11/23/04--01058--004 **158.75		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS				
CITY-ST-ZIP	KENNETT SQUARE, PA		CITY-ST-ZIP				
TITLE	S	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WANKMILLER, JAMES J			NAME	(SEE ATTACHED LIST OF OFFICERS AND DIRECTORS) 300042963873 11/23/04--01058--004 **158.75		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS				
CITY-ST-ZIP	KENNETT SQUARE, PA 19348		CITY-ST-ZIP				
TITLE	VCC	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEON, JAMES V			NAME	(SEE ATTACHED LIST OF OFFICERS AND DIRECTORS) 300042963873 11/23/04--01058--004 **158.75		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS				
CITY-ST-ZIP	KENNETT SQUARE, PA		CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOUSWALD, BARBARA J			NAME	(SEE ATTACHED LIST OF OFFICERS AND DIRECTORS) 300042963873 11/23/04--01058--004 **158.75		
STREET ADDRESS	101 EAST STATE STREET		STREET ADDRESS				
CITY-ST-ZIP	KENNETT SQUARE, PA 19348		CITY-ST-ZIP				

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:  Norman Schueftan TAX OFFICER 10/25/04 (610)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 Pharmacy Services, Inc. - Document: #F98000004102)

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 Schuefian	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