


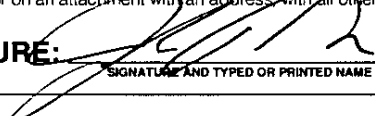


2005 FOR PROFIT CORPORATION ANNUAL REPORT

1 of 2

DOCUMENT # F98000004102						FILED			
1. Entity Name NEIGHBORCARE PHARMACY SERVICES, INC.						05 JUL 19 PM 3:50			
Principal Place of Business 601 EAST PRATT STREET BALTIMORE, MD 21202 US		Mailing Address 601 EAST PRATT STREET BALTIMORE, MD 21202 US		SECRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address		07122005 Chg-P CR2E034 (10/03)		<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">4. FEI Number 23-2963282</td> <td style="padding: 2px;">Applied For Not Applicable</td> </tr> </table>		4. FEI Number 23-2963282	Applied For Not Applicable
4. FEI Number 23-2963282	Applied For Not Applicable								
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
City & State		City & State		6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
Zip		Country		Zip		Country			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name					
				Street Address (P.O. Box Number is Not Acceptable)					
				City					
				08/12/05--01059--FL ZIP Code 00					
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____									
FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005			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	CEO	<input type="checkbox"/> Delete	TITLE	CEO/P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	ARLOTTA, JOHN J		NAME	Arlotta, John J.					
STREET ADDRESS	601 EAST PRATT STREET		STREET ADDRESS	601 E. Pratt Street					
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	Baltimore, MD 21202					
TITLE	COO	<input type="checkbox"/> Delete	TITLE	✓	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	SMITH, ROBERT		NAME	Adez, Stanton					
STREET ADDRESS	601 EAST PRATT STREET		STREET ADDRESS	601 E. Pratt Street					
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	Baltimore, MD 21202					
TITLE	CFO	<input type="checkbox"/> Delete	TITLE	✓	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	HUNT, RICHARD W		NAME	Azzaro, Michael					
STREET ADDRESS	601 EAST PRATT STREET		STREET ADDRESS	601 E. Pratt Street					
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	Baltimore, MD 21202					
TITLE	PD	<input type="checkbox"/> Delete	TITLE	✓	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	KORDASH, JOHN		NAME	Kordash, John					
STREET ADDRESS	601 EAST PRATT STREET		STREET ADDRESS	601 E. Pratt Street					
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	Baltimore, MD 21202					
TITLE	S	<input type="checkbox"/> Delete	TITLE	V/S/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition			
NAME	GAITHER, JOHN F JR		NAME	Gaither, John F. Jr.					
STREET ADDRESS	601 EAST PRATT STREET		STREET ADDRESS	601 E. Pratt Street					
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	Baltimore, MD 21202					
TITLE	V	<input type="checkbox"/> Delete	TITLE	✓	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition			
NAME	AYRES, KATHLEEN		NAME	Dunlap, Robert					
STREET ADDRESS	601 EAST PRATT STREET		STREET ADDRESS	601 E. Pratt Street					
CITY-ST-ZIP	BALTIMORE, MD 21202		CITY-ST-ZIP	Baltimore, MD 21202					
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: 				John F. Gaither, Jr.				Date	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone #			
				7/12/05		410-528-7300			

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Additional Officers:

V
Duvall, Steve
601 East Pratt Street
Baltimore, Maryland 21202

V
Feeney, Charles
601 East Pratt Street
Baltimore, Maryland 21202

V
Light, Greg
601 East Pratt Street
Baltimore, Maryland 21202

V
Losben, Nancy
601 East Pratt Street
Baltimore, Maryland 21202

V
Schneider, Jeff
601 East Pratt Street
Baltimore, Maryland 21202

V
Veltri, Sam
601 East Pratt Street
Baltimore, Maryland 21202