

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

04-27-2006 90181 025 ***150.00

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1. Entity Name
NEIGHBORCARE PHARMACY SERVICES, INC.



Principal Place of Business
**601 EAST PRATT STREET
BALTIMORE, MD 21202 US**

Mailing Address
**601 EAST PRATT STREET
BALTIMORE, MD 21202 US**

40066106



2. Principal Place of Business
100 E. Rivercenter Blvd.

3. Mailing Address
100 E. Rivercenter Blvd.

Suite, Apt. #, etc.
Suite 1600

Suite, Apt. #, etc.
Suite 1600

City & State
Covington, Ky

City & State
Covington, Ky

Zip
41011

Country
Kenton

Zip
41011

Country
Kenton

04252006 Chg-P CR2E034 (11/05)

4. FEI Number
23-2963282

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PCEO
ARLOTTA, JOHN J
601 EAST PRATT STREET
BALTIMORE, MD 21202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**COO
SMITH, ROBERT
601 EAST PRATT STREET
BALTIMORE, MD 21202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
HUNT, RICHARD W
601 EAST PRATT STREET
BALTIMORE, MD 21202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
KORDASH, JOHN
601 EAST PRATT STREET
BALTIMORE, MD 21202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VSD
GAITHER, JOHN F JR
601 EAST PRATT STREET
BALTIMORE, MD 21202** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
AYRES, KATHLEEN
601 EAST PRATT STREET
BALTIMORE, MD 21202** ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**President / Director
Tracy Finn
100 E. Rivercenter Blvd., Ste. 1600
Covington, Ky 41011** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Treasurer / Director
Thomas Marsh
100 E. Rivercenter Blvd., Ste. 1600
Covington, Ky 41011** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Secretary / Director
Regis Robbins
100 E. Rivercenter Blvd., Ste. 1600
Covington, Ky 41011** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ 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:

Thomas R. Marsh

Thomas R. Marsh

04/26/2006 (859) 392-3463

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #