


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # F98000004102
 1. Entity Name
 NEIGHBORCARE PHARMACY SERVICES, INC.



Principal Place of Business 100 E. RIVERCENTER BLVD. COVINGTON, KY 41011 US	Mailing Address 100 E. RIVERCENTER BLVD. COVINGTON, KY 41011 US
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DO NOT WRITE IN THIS SPACE



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 23-2963282	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

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	PD FINN, TRACY 100 E. RIVERCENTER BLVD. STE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARSH, THOMAS 100 E. RIVERCENTER BLVD., STE 1600 COVINGTON, KY 41011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBBINS, REGIS 100 E. RIVERCENTER BLVD, STE. 1600 COVINGTON, KY 41011
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 05/09/07-80039-023 150.00

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 04/23/2007 (859) 392-7358
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #